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EDITORIAL COMMENT



PROGRESS OF MEDICAL EDUCATION

THE eighth conference on Medical Education and Public Health of the American Medical Association was held in Chicago on February 26 and 27, and an account of part of the proceedings will be found in the *Journal of the American Medical Association* for March 2 and 9.

This conference is of special interest to certain groups of workers in the nursing field because of the subjects which were discussed, the Modern Medical School, and the Hospital Interne. The preliminary requirements for entrance to the medical school were given much consideration, and the recommendation of the chairman was that the main requirements for a medical degree in this country should be, in addition to their preliminary and secondary education, one or two years devoted to higher physics, chemistry, and biology; four years of medical study; and a year's internship in a good hospital.

Licensing boards are advised to be more exacting in requiring proper evidence of preliminary preparation and to be especially wary in the acceptance of "equivalent" certificates. The need is urged of a thorough reorganization of medical education in this country to be made by medical men who are most familiar with the facts and needs of the situation. Much stress is laid upon the necessity of closer affiliation between medical colleges, universities, and hospitals, and the need of securing better paid instructors in medical schools, who shall be given reasonable salaries and possibly pensions,—also the need of state appropriations to aid in meeting the expenses of the licensing boards so that they shall not depend entirely upon the fees of applicants, which are being proven to be inadequate.

Another matter taken up at this meeting, the report of which is most interesting, is the relation of the medical schools to the intern or hospital year. It was shown that the University of Michigan is leading the way in systematizing the work of the distribution of internes in hospitals, and the plan discussed was that this matter should be taken up by a national committee, that both hospitals and medical schools should be classified, that appointment should be made from the medical school, that it should be the business of the school to see that the hospital fulfils its contract and does not cheat the student by using him for its own advantage and that, on the other hand, the student is faithful in the discharge of his duties, and that frequent reports be received from both the student and the hospital. This hospital year is to be considered a fifth year in the medical course and the diploma is to be withheld until it has been satisfactorily completed.

This whole plan is intensely interesting to those of our readers holding hospital positions as it will tend to so regulate and control the conduct of the internes as to add greatly to the preservation of order in the hospital.

At the end of the discussion the following resolution was adopted: "It is the consensus of opinion of this body that a fifth year of hospital instruction is desirable as a requirement for the completion of the medical course, and in order to lay the foundation for the adoption of such a course in the fifth year, the Council on Medical Education is requested to inaugurate an inspection of the hospitals of the country as to their facilities for giving instruction to internes and to publish the data thus obtained as it now does of the medical schools."

PROGRESS OF STATE REGISTRATION

NEW YORK.—It has been some time since we have had occasion to comment on the New York Nurse Practice Act, but the work of the administration of the law has been going steadily on.

With January, 1906, the requirement for one year in the high school, or its equivalent, was made mandatory. Until the early fall of 1910 this equivalent was interpreted with a very broad margin by the superintendents of training schools, and no very strong opposition to it developed. It was found, however, that there were a few schools that were apparently making little effort to improve their facilities for training or to exercise a wise judgment in the interpretation of the term equivalent. For a little less than five years this lax method of judging applicants on the part of a certain group of schools was allowed by the Education Department. In the fall of 1910 the requirement was made

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that all training schools for nurses should comply with the conditions made for other educational institutions registered in New York State in submitting the applications of entering students to the Department at Albany. The requirements for admission to the various schools are found in what is known as Handbook No. 3 on "Examinations," of September, 1911, which shows that dental, law, medical, public accountant and veterinary students must have the equivalent of a full high school course, while students in pharmacy and nursing must have the equivalent of one year in the high school. All of these schools are required to submit the evidence of such preparation in their applicants to the Education Department.

One would naturally expect that unwillingness to comply with this request would have come from the smaller schools, struggling with poverty, isolation, lack of facilities, etc., but, strange as it may seem, such opposition has come from the greatest nursing centre in the world,—New York City—and from that splendid group of hospitals that were supposed to maintain in their training schools even higher standards than those the Education Department had thought it wise to make mandatory. This unwillingness on the part of the men superintendents of these large hospitals to recognize the fact that their training schools are being classed as educational institutions by the state was given definite expression at a meeting of the Executive Committee of the Hospital Conference of the City of New York, held on January 12, to consider the nursing situation in the hospitals of Greater New York, at which time the president was authorized to appoint a special committee to act with him "to secure (a) such modification of the Nurse Practice Act or of the regulations adopted by the Education Department under the said Act, or (b) such interpretation by the Education Department of the existing regulations, as shall render it possible for the hospitals of the city to continue the training of nurses in sufficient numbers to meet the public demand for trained nursing service."

This Committee composed of C. Irving Fisher, Chairman, Superintendent, The Presbyterian Hospital; Frederic Brush, Superintendent, The N. Y. Post-Graduate Medical School and Hospital; George F. Clover, Superintendent, St. Luke's Hospital; Charles B. Grimshaw, Superintendent, Roosevelt Hospital; Thomas Howell, Superintendent, The New York Hospital; A. S. Kavanagh, Superintendent, The Methodist-Episcopal Hospital; George O'Hanlon, General Medical Superintendent, Bellevue and Allied Hospitals; S. S. Goldwater, Secretary, Superintendent, The Mt. Sinai Hospital, held a meeting at the Presbyterian Hospital on the following day, February 13, and adopted the

following resolutions which, in the form of a letter embodying the quotation given above, have been sent broadcast over the state, to various publications, etc.

"WHEREAS, The strict enforcement at this time of the existing regulations of the State Education Department governing the admission of probationers to registered training schools for nurses is impracticable; and

"WHEREAS, The restriction of the admission of probationers is working a hardship on hospitals which are conducting properly equipped and ethically administered training schools; and

"WHEREAS, The said restriction creates a dearth of pupils and hence of New York State graduates, and therefore tends to attract to New York State large numbers of undesirable nurses, who are the poorly trained graduates of inferior schools; therefore be it

"Resolved, That we urge upon the Education Department of the State of New York the adoption of such amendments to the existing regulations as will give to the authorities of properly organized registered training schools a freer hand in the selection of probationers."

The copy of this letter sent to this office was received only in time for the briefest mention as a "filler" in the March JOURNAL, as the final proof was being returned. Dr. Goldwater, secretary to this committee, has taken exception to our statement in that brief paragraph that the Hospital Conference "is an organization of the men who are the superintendents of the large hospitals in that city, among whom are clergymen, physicians and laymen." He states that "the Hospital Conference is not an organization of men exclusively, nor is it formed of superintendents solely, nor does it represent the large hospitals of New York City merely." He states further that the Conference "as described in its constitution, was formed 'for the purpose of promoting economy and efficiency in hospital management.'"

Our only means of judging who were represented in this conference was from the letter heading which gives only the names of men, hospital superintendents; we had no means of knowing that women and members of boards are included, and a promised list of the members has as yet not reached us. If we are inaccurate again it is not intentional.

When the bill for state registration was before the legislature, it will be remembered that very wide publicity was given to this movement. Many women's clubs and medical organizations endorsed it, and the State Medical Association not only gave it its support, but paid the expenses of the chairman of its legislative committee to Albany to assist the nurses in carrying this measure successfully through the

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legislature. Boards of managers of this same group of hospitals in New York City, as well as in other parts of the state, gave their support to the measure actively, or by their silence. Such active opposition as arose was principally from Albany and Buffalo. Medical men giving their support, and men and women on boards of managers were certainly more broadly experienced in the results of such legislation than the nurses who were leading the movement and must have known that when the fixing of the standards was placed in the hands of the Regents, it would lead to changes of methods and conditions in their schools. For this reason we find it hard to believe that the action of the Executive Committee of the Hospital Conference represents the official action of the trustees or the boards of managers of these hospitals.

There is a misrepresentation of facts implied in these resolutions. In the first one, the inference may be drawn that the people of the city of New York are suffering for trained nursing service. As a matter of fact, there has never been a time in the history of nursing when the supply has been so in excess of the demand as during the past season. We speak from actual knowledge that nurses in New York City in large numbers have been without occupation for months together. Consequently we may assume that it is not primarily in the interest of the public that this protest is made, but for the economic advantage of cheap service to the hospital.

The demand for post-graduate work for nurses dates much further back than the movement for state registration. Such facilities had long been established for every other branch of professional education. With the great increase in the number of hospitals over the country, with and without standards, which is the chief reason for the shortage of probationers, the women superintendents of training schools in some of the large hospitals of the country, saw the opportunity to meet this demand and at the same time obtain part of the service for their hospitals by establishing such facilities rather than lower the standards for admission and accept a less well educated class of applicants.

The agitation for state registration over the country, with laws now in operation in thirty states, has so impressed thousands of women with their lack of proper preparation for their work that they have been willing to enter these great hospitals and do the hard practical nursing drudgery in order to round out the education which they had failed to receive in the hospitals in which they were trained. To what extent this post-graduate work is more expensive to the hospital than the regular pupil nursing we are unable to say. It does necessitate a great many more changes in the personnel of the nursing staff, as such post-graduate

courses are usually from three to six months in length. This of course gives rise to complications in the management of the school, but we have not heard one protest from the women at the heads of the schools who are directly responsible for the administration of the nursing service.

In the second clause of the second group of resolutions the statement is made that the restrictions of the Education Department are working a hardship on the "ethically administered" training schools. Can a school be ethical when its first consideration is commercial? As a matter of fact we know that the whole truth is not stated in these resolutions, that the real objection underlying this protest is the requirement of the Education Department that the preliminary qualifications for admission to registered schools be sent to Albany before the pupil can be accepted, and that when the evidence of one year in the high school is not properly defined, the equivalent shall be judged by the Department and not by the training school. As we have stated before, this same condition is imposed upon every other kind of professional school in the state.

We are assured on good authority that many of those hospitals that are loudest in the outcry that they are unable to secure a sufficient number of pupils to do their work are using these same pupils for the specializing of private patients and as a means of revenue to the hospital. While a certain amount of specializing has its value in the training of a nurse,—in an ethical school this revenue should not be a first consideration but rather the standard of education in the woman being trained. Special service for private patients can be supplied, and in ethical schools is supplied, by graduate nurses from the outside.

We know, also, that in many of the schools where it is difficult to secure a sufficient number of pupils there would be enough nurses to care for the patients if more maids were employed for the drudgery and if graduates were placed, instead of pupils, as head nurses and heads of departments, but when such schools are advised to increase their service in this way, their reply is, invariably, "But maids are more expensive and harder to obtain." Such maids now demand \$5 and \$7 a week and living expenses, and can leave when they choose, while the services of a pupil nurse may be obtained for either no money compensation, or for the very modest allowance of \$6 or \$8 a month, and she is under a contract to stay three years.

We might occupy any number of pages with arguments of this kind, which are the common knowledge of the women who have directed the nursing work in our large hospitals for a life time, who have been

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largely instrumental in the splendid development of the whole hospital system of the country, who have been great factors in the success of the very gentlemen who are now endeavoring to tear down the standards of education which they have labored so hard to maintain. We waive the question of the lack of courtesy of these gentlemen in taking such action without the co-operation or knowledge of these women. But our space is limited, and arguments in refutation of the action of the New York Hospital Conference are futile. The important thing to be considered is what measures can be adopted without materially lowering the meagre standard of one year or its equivalent that will satisfy the opposition.

While the law reads that the standards shall be fixed by the Regents,—back of them stand the Board of Examiners, the Regents' Council, the Nurse Inspector, and the State Association, and so far as we know it has never been the policy of the Regents or of the Education Department to make arbitrary requirements that have not first been approved by these. The medical profession has representation on the Board of Regents in Dr. VandeVeer, and on the Regents' Council in Dr. William L. Russell.

Have the members of the Hospital Conference the right to assume that the best interest of the public is to be served by the lowering of standards in order that more material may be obtained for their hospitals?

The hospitals leading this retrograde movement are spending millions of dollars in conspicuous buildings with costly equipment of marble, tiling, nickel, and glass, with every modern device in the operating room. Economy seems only to be practiced in what we might call the human element of the service. In those hospitals that are dominated by politics one may not be surprised at this, but in those hospitals that are under the auspices of the churches, whether Protestant, Jewish, or Catholic, we have a right to look for more careful provision for the comfort and safety of the patients, which is obtained by the personal service of the institution rather than its equipment. We do not need to call attention to the well-known fact that in crude surroundings people recover from desperate illness if the medical and nursing service are of a highly intelligent order.

Such an attitude as has been assumed by these gentlemen will surely turn away from their hospitals and from the whole nursing field the better educated and desirable applicants.

A study of the whole question of nursing education by a disinterested educational body is needed for the proper adjustment between the

training school and the hospital. The committee appointed by the Superintendents' Society is now working upon this problem of securing such an investigation. We should welcome it. Hasten the day when the work of this committee may produce definite results.

We know that as we close our pages the League of Nursing Education, which is composed of women at the heads of training schools of the hospitals of New York City, are in serious conference over this matter and that they are hoping to bring about some compromising measure less disastrous than that demanded by the Hospital Conference.

Of one thing we are sure that nurses should stand together, shoulder to shoulder, for the upholding of their standards of education. While conditions in New York City may be discouraging, they need not affect other sections of the state or of the country, and while compromising measures may be necessary in order to meet the immediate situation, they may be only temporary and should not be taken as a guide or model. We are sure, also, that the action taken by the Hospital Conference in New York will not receive the universal approval of medical men or of hospital authorities in other places.

MISS DELANO RESIGNS FROM THE ARMY NURSE CORPS

JANE A. DELANO, R.N., has resigned from the superintendency of the Army Nurse Corps to devote her entire time to gratuitous work for the Red Cross. During her period of office some improvements in the service which had been agitated by her predecessor were brought to successful completion, and others instituted which have added greatly to the dignity of the service and to the comfort under which the nurses work and live, the most important of which may be found enumerated in the outline of the recent work of the Nurse Corps given in the *MARCH JOURNAL*. Miss Delano has made the improvement of the personnel of the Corps her first object and has taken pains to instruct each applicant entering the Corps in the duties and responsibilities of the army service.

The value of having at the head of the Corps a person who is a leader in organization life has been so demonstrated by Miss Delano's service that in appointing her successor the Surgeon General has felt that it was necessary at this time to select a woman equally well-known to the nurses of the country, and has selected Isabel McIsaac, R.N., of Benton Harbor, Michigan, who needs no introduction to the readers of this magazine or to the nurses of the country. Her experience in hospital executive work and her personal touch with hundreds of nurses through her extensive travels as inter-state secretary of the American

Nurses' Association have made her the best known woman available in the nursing ranks to carry forward the work of this most important department of the medical service of the nation. Her appointment will be a welcome one to all who know her ability and worth.

There will be some disappointment among the army nurses that one of their own number has not been chosen for this position, and it is a matter of official record that the recommendation for promotion from the ranks was made to the proper authorities but was not favorably considered, for the reason stated above.

One thing for which Miss Delano has made great effort but has failed to bring about is promotion with rank for nurses in the service. Perhaps under her leadership the nurses of the country may be able to bring about this development which we have all felt, from the first establishment of the Corps, was so necessary for the proper recognition of the women in the service.

Miss Delano has found the double service of the army and the Red Cross so arduous that, not being dependent on the salary, she has chosen to relinquish the army position that she may do voluntary work for the Red Cross on exactly the same basis as do the women on the state and local committees.

CHANGES IN FORM

We are changing, in this issue, the form of the official directory and also of the JOURNAL's announcement page to comply with the readjustments brought about by the taking over of the Journal by the American Nurses' Association.

As JOURNAL space becomes of increasing value we can no longer give space for more than two officers of each state association and examining board in the official directory, so that with this change some of the old names are dropped from the list. It is hoped that officers of associations will take pains to keep the JOURNAL informed when there are changes to be made in these pages, so that they may be kept up to date and of use to the many who depend upon them for correct information.

PARLIAMENTARY AUTHORITY

Nurses who wish to brush up their knowledge of parliamentary law before the June meetings are reminded that the authority adopted by the American Nurses' Association is "Parliamentary Usage for Women's Clubs," which may be obtained through the JOURNAL book department or directly from the author, Mrs. Emma A. Fox, 430 Cass Avenue, Detroit, Mich. It costs 65 cents, post paid.

THE NURSE AS A TEACHER

By HARRIET CAMP LOUNSBERY, R.N.

Charleston, West Virginia

It does not occur to every nurse, when she graduates, that she has been preparing herself during all these strenuous years of study and hospital work, for the life of a teacher. She fondly imagines that she is a nurse, and only that; but after she has been doing private duty for a year or more, she realizes that she is generally a teacher as well as a nurse, and that often she is a missionary also.

Perhaps no private duty nurse needs to be told what subjects she must teach; the patient, or the patient's friends never let her rest until she has told the "why" of every thing she does, or does not. There are, however, some important subjects that the nurse-teacher should try to make very clear to every patient.

We will begin with the baby, as the babies are with us always, and if doctors and nurses, science and sanitation have their way, there will some time be no call but that of the baby, for nurse or doctor either. The ignorance of the young mother is proverbial; her wish to know about her baby and its care is pathetically earnest. The new life is so precious, she would take such good care of it, if she only knew how. Here is a pupil eager for knowledge, ready to do all that can be intelligently taught to her. The nurse should have very clearly in her mind all the mysteries of digestion, all the reasons for regularity in feeding, the necessity for fresh air, for long and uninterrupted slumber, for loose clothing, for regular bathing. She should be able to give the mother the rules for her own living that she may be able to provide the best milk for the baby, or, if the little one has to be artificially fed, the methods of preparing the particular food chosen should be explained, and the indications of indigestion pointed out. All this is real teaching, real missionary work, and if well done will help the mother immensely and probably save the baby many attacks of colic or worse. Washing the baby is usually regarded by the young mother as a terrible ordeal. No nurse should leave her young-mother patient until she is fully able to perform this task. Let the mother watch, a few mornings, while the nurse does all the work, then let her undress the baby, when the nurse can take him and finish the operation. Day by day let her do a little more, as her strength and ambition permit, until at the end

of a week she is fairly used to handling the child and can, perhaps, keep him until the last finishing touches are put on. The nurse should always be near, to help, to advise, to take the child should the mother become exhausted. Finally, she should go into another room, and leaving all things ready, allow the mother to perform the duty by herself, letting her know that at any time she will be relieved if necessary. In this way the mother becomes accustomed to the child, and the bath is always a pleasure to her. How many times have we heard pathetic stories of a young mother trying for the first time to wash the baby?—the tears of despair, the nervous blunders, the exhaustion when the performance was brought to a hasty close. All such stories mean that the nurse in charge was not a teacher and that her work when she left the case was not completed.

Suppose that this baby is the third or fourth, the mother knows what to do for the new little one, but how about the others? She is still anxious to do what is right, or perhaps she is not anxious, and her attitude toward the children is not what it should be. Perhaps she does not realize that she will be called to account for these souls intrusted to her care, that these bodies will do their part in life well or ill, as she treats them wisely or foolishly. Here is true missionary work. A thoughtful, intelligent, judicious nurse can show a mother that adenoids may be responsible for Johnny's inattention, as it causes dullness of hearing, how Mary's fretfulness is caused by too little sleep, or insufficient ventilation of her room at night. She can explain how irregular eating causes the children to be cross and irritable. She can show why the first teeth should be removed, when the second begin to push towards the gum. She can teach the mother that the headaches so often met with, in children who go to school, are due perhaps to eye strain, and can not be corrected with pills, and should never be soothed with headache powders. She can show the evils of the gallons of soda water too many young women swallow, of the injudiciousness of allowing young girls to congregate in drug stores. These last two evils, "soda water and the drug store habit," the mother may know nothing about. She is busy at home with the "little ones," and the fourteen- or sixteen-year-old girl only too often is allowed to wander off "down town" with other young girls, and what she does there would astonish many a mother.

Every nurse should know how to teach her patient to guard herself and her children from tuberculosis. She should be able to show what the early symptoms are, what is then necessary to do, what care should be taken of the sputum, of the patient's food, his eating and drinking vessels, his bed and bedding. She should know how to teach a

tuberculosis patient to care for himself, how he can avoid giving his disease to others, if he stays at home; and where he will find proper hospital or sanatorium accommodations if he goes away.

Most mothers are very thankful for practical hints from one who is supposed to know, and who, during a four to six weeks' stay, makes herself one of the family, and offers advice in the *right way* and *at the right time*.

The great sex question is almost sure to be discussed at such a time. The advent of a new baby is such a wonderful thing that nearly always the other little ones want to know (very naturally) where it came from. Little folks are brimful of curiosity. It is Nature's way, I suppose, of teaching them. Every new thing fills them with admiration, with joy, and they must know all about it. "Oh, mamma, what a lovely new pony, where did you get it?" "Is it really mine?" "Oh, papa, what a dandy new sled, where did you get it. Can't I use it right now?" "Oh, have we got a new baby? A real baby? Is it ours? Where did it come from?" "Can't I hold it?" All are familiar with these expressions of wonder, of delight, of the joy of possession, but how to satisfy the eager mind aright is a problem requiring our most careful thought. Books, papers and magazines tell us what to say and how to say it. All this should be talked over, and if the mother does not know, the nurse should know what books to tell her to read.

The medical world to-day is much concerned over the question of prostitution and its effect upon the coming race, through the transmission of syphilitic taint to an innocent wife, who is thereafter barren, or who bears syphilitic children. The folly of the double standard, purity insisted on for the wife; unchastity condoned in the husband; all these subjects are sure to be brought up, and the nurse who goes prepared on these and kindred topics can do an immense amount of good to the women she nurses.

She can show how useful the knowledge of chastity is to a boy—the strength that comes from self-control, the weakness that follows self-indulgence, the danger to himself, and to those he really loves when he contaminates himself with prostitutes. A young man once said to a friend of mine, "Oh! if my mother had only warned me of the suffering I would cause myself and others I never would have polluted my body and shamed my soul." The nurse should know how to instruct the mother as to the signs of self-abuse in her little boys, so that she may know what causes the nervous movements, the pallor, the fitful appetite, the dark circles under the eyes, the listlessness, the fondness for being alone—any one of which should call for extreme watchfulness.

All these things a nurse should be sure to know, so that, as far as in her lies, she should be one more earnest woman striving to make the world better for her having lived and worked in it. A wise man has given this quaint description of a perfectly educated man: "When a man knows what he knows, when he knows what he does not know, when he knows where to go for what he should know, I call that a perfectly educated man."

So with the nurse. When she finds a social problem with which she is not familiar, let her turn to the February number of the *JOURNAL OF NURSING*, and there read the list of books on this subject, on pages 386 and 387. She and her patients will, I doubt not, reap much benefit from her studies. One last word, and I have finished. Be careful, oh so careful, that your instruction is acceptable, that your pupil is anxious to be taught. Most mothers are anxious on these subjects; if one is encountered who does not care, first try to make her care (and this is a task, indeed), and then teach her what to do and how to do it.

RHEUMATOID ARTHRITIS

By MARY H. TUFTS

Farmington, Maine

Two standard medical books define this disease as follows: "Rheumatoid arthritis is an inflammatory disease of the joints, characterized by osseous formations about the articulations, loss of motion, and deformity." "Rheumatoid arthritis is an inflammatory disease of the joints, characterized by inflammatory and degenerative changes involving the structures of the various articulations; and by an overgrowth of the articular cartilages and synovial membrane, with destruction of those parts of the cartilages subject to interarticular pressure; and is attended by a progressive rigidity and deformity."

The name rheumatoid arthritis has a number of synonyms, *i.e.*, "Arthritis Deformans, Metabolic Osreo-Arthritis, Arthritis Pauperum, Proliferating Arthritis, Osteo-Arthritis, Rheumatic Gout, Nodular Rheumatism, and Chronic Rheumatoid Arthritis."

The proper classification of the different forms of the disease is difficult; and as many eminent orthopædists say, "Much is yet to be learned of this disease, but joint-diseases naturally divide themselves into two great classes—the inflammations and the degenerations; the partial, and the multiple forms. The recognition of this fact would do

much toward avoiding the confusion which now exists in regard to joint-diseases."

Dr. E. H. Nichols, of Boston, has said that "A tentative classification should be made, based upon the pathology. A perfectly satisfactory clinical classification is not possible." Drs. R. W. Lovett and J. E. Goldthwait, of Boston, teach us that some of the types of rheumatoid arthritis now recognized will, later, probably be recognized as stages of the same process; and that it is better to make an attempt to make a diagnosis of certain conditions, rather than of a particular disease, for the reason that the same cause may result in a varying number of processes, and a patient with a number of affected joints may present all the types, so-called. Dr. Reginald H. Sayre, of New York, says: "In this disease, I think that a number of different names have been assigned to the same pathological process; and very probably a varying number of processes have been called by the same name, but the most definite differential feature between the two great classes—the inflammatory, and the degenerative joint-conditions, is the course of the disease. In the former, the onset and course are definite, terminating either in recovery, or more or less permanent damage. In the degenerative forms, the onset is insidious, and the course is gradually progressive; involving many joints successively."

A consideration of these explanations should be of interest to nurses; and would help them to a more intelligent understanding of the condition of patients suffering from this disease.

The etiology of rheumatoid arthritis is doubtful. As predisposing causes may be mentioned heredity, bad hygiene, exposure, innutrition, injury, prolonged lactation, frequent pregnancies, menopause, grief, mental anxiety, tuberculosis, and frequent attacks of acute articular rheumatism. Women are more prone to the disease than men; and though it occurs among the young, in whom it is often very acute, it occurs most often in middle-aged women. Many physicians believe that the neurotrophic theory of the disease describes the phenomena best, *i.e.*, that there is some lesion of the spinal cord, primary or secondary, to peripheral irritation; and the result of uterine, or traumatic diseases, and that the early atrophy of the muscles, the contractures, skin-pigmentations, local sweatings, and the symmetrical distributions of the joint-disease, are evidences of this lesion in the spinal cord. The theory is also that the nerve-irritation affects the vaso-motor system; that it causes anæmia, a depraved nutrition, and a starvation of the special centres in the spinal cord; and the joint-dystrophies are secondary to

the spinal lesion. Other eminent orthopaedic men believe the disease to be of infectious origin. Drs. Lovett and Goldthwait, of Boston, have found infections of low grade, associated with numerous cases of "fringe formations" in the joints; and believe these infections to be one of the causes of fringe-formations. Intestinal auto-intoxications and infections from chronic inflammatory and suppurative conditions are believed by some to be a cause.

The pathologic anatomy of the disease is quite clearly defined. All the structures composing the joints share in the pathological process. At first, the affection is attended by hyperemia of the synovial membrane, and increase of the synovial fluid. This is followed by proliferation of its cells, with subsequent formation of villous or nodular outgrowths. These villous outgrowths are termed "fringe formations," or the term is also applied to the hypertrophy of the ligamenta alaria, or fringes, which normally exist on the sides of the ligamentum mucosum, and are attached to the sides of the patella. After the villous or nodular outgrowths are formed, the capsular-membranes become irregularly thickened, and the synovial fluid decreases. As the process progresses, the internal ligaments of the affected joints are destroyed; thus permitting dislocations.

The interarticular fibrocartilages become ulcerated, and disappear; as do the cartilages covering the ends of the bones; thus exposing the ends of the bones at their articular extremities, which become smooth, eburnated, and enlarged. The villous nodules become ossified, and the periosteum forms new bone. These ossified villous nodules are sometimes termed "joint mice" or "osteophytes;" and may become detached into the joint-cavity, and cause extreme suffering and disability; and are then termed "loose bodies" of the joints.

The advanced cases have very greatly thickened ligamentous and fibrous structures adjacent to the diseased joints. Stiffness and impairment of motion are at first observed; and later, false-ankylosis, immobility, and deformity result. The surrounding muscles atrophy, and very severe neuritis is common.

The disease may be acute, sub-acute, or chronic. In the acute variety, several joints are attacked at the same time, and slight pyrexia may be present. The affected joints are more or less swollen and painful; but other acute inflammatory phenomena are usually absent. The attack subsides more or less, to recur after a varying interval.

The chronic form usually attacks but one joint at a time; usually beginning in one of the metacarpophalangeal articulations. The joint

slowly enlarges and becomes painful, active movements of the affected joints being attended by severe neuralgic pains. As the disease progresses, the wrists, ankles, elbows, knees, jaws, and spine are involved; the corresponding joints on each side of the body becoming simultaneously affected. Movement is greatly impaired, and soon the articulations become rigid. Crepitation is distinct after ulceration has destroyed the cartilages. Redness and tenderness are absent, but swelling is marked. In time the muscles become wasted, giving the joints the appearance of greater deformity and hypertrophy. Deformities are due to the disappearance of the cartilages, and to contractures of the muscles. The fingers are usually drawn backward and toward the ulnar side; and the patients lie with the thighs and legs drawn up in adduction.

There is sometimes effusion into the joints; and in addition to pain, there may be severe tingling and stinging sensations, numbness, local sweating, and marked pigmentation of the skin.

The disease tends to advance slowly; and with appropriate treatment, extended over long periods of time, it may be often held in check for years, keeping the patient in condition of comparative comfort, and able to get about with or without crutches, but the disease is considered incurable, according to the majority of medical men, and ultimately involves all the joints, and renders the patient a helpless invalid.

In a mild form of this disease, affecting middle-aged and hard-working women, there are calcareous outgrowths on the sides and distal phalanges of the fingers and toes. These outgrowths are called "Heberden's nodosities;" and it is said that persons having these nodosities, seldom have invasions of the large joints. Similar nodosities are sometimes observed in gouty conditions.

Inasmuch as early and appropriate treatment of this disease is highly essential if it is to be held in check, it is most unfortunate that so many incipient cases are mistaken for the various forms of rheumatism or gout. Many cases coming to the orthopædists are well advanced in the disease and give a history of having been treated for some months, or even years, for rheumatism.

Many of the drugs of benefit to rheumatic patients give little or no relief to cases of rheumatoid arthritis; an exception to this, is in the good effect produced in each disease, by the administration of the iodides, or iodine, especially in the use of soluble iodine.

Orthopædists have pointed out certain differential features between rheumatoid arthritis and articular rheumatisms or gout.

Chronic articular rheumatism lacks the marked structural changes and the progressive involvement of joint after joint.

Gout differs from rheumatoid arthritis in the deposits of urate of sodium in the joints, the ears, tips of the fingers, and the bursæ over the olecranon-process of the elbow, the presence of abundant uric acid in the blood, and the decided history of acute paroxysms.

Gonorrheal rheumatism, so-called, has symptoms akin to rheumatoid arthritis, but the patient suffering from this disease has also a history of local infections and discharges.

Paralysis agitans has been mistaken for rheumatoid arthritis, in cases where the tremor and characteristic gait were absent, and only the joints were examined.

Many physicians are agreed that if early and appropriate treatment is instituted, the prognosis of rheumatoid arthritis is quite favorable, and that the disease may be held in check for years, but if pronounced structural changes have begun, the disease is incurable, although it may remain stationary for a long time.

A variety of treatment has been advocated, but all measures are directed toward improving the general nutrition and health. General hygienic measures should be carefully followed, and the diet should be one easily digested and assimilated, but nutritious and mixed. Usually no red meats, very starchy foods, shell-fish, or very acid fruits, as grapes, cherries, currants, lemons, or the fruits having "pits" are allowed. The amount of sugar should be limited, and fried foods prohibited. Some doctors have observed that tomatoes cause, or seem to cause, an aggravation of the joint conditions. Some patients cannot eat any of the citrus fruits without suffering fresh exacerbations of their disease. In arthritis of a presumably auto-infectious nature, some doctors think highly of the effects of buttermilk, or lactic acid tablets.

In consideration of the fact that many orthopædists believe that intestinal auto-intoxications are responsible for many acute joint-inflammations, it would be very interesting to most nurses to read "The Nature of Man" by Professor Elie Metchnikoff, and Professor Carl von Noorden's monograph, "The Acid Autointoxications."

Massage of the joints and spine with cod-liver oil has been considered beneficial in some cases, and one-inch-square cantharidal blisters, applied over the large joints every week or ten days, has frequently afforded a reduction of swelling, pain, and stiffness.

Among the drugs given to arthritis cases may be mentioned iron, neutral bromide of quinine, guaiacol carbonate, arsenic, soluble-iodine,

salicylates, thymus extract, and strychnine. All medication and treatment must be continued over a long period of time, usually, before any marked benefit is noted.

Dr. P. W. Nathan, of New York, claims to have secured definite and, in some cases, striking improvement in his arthritic cases by the administration of thymus extract. At last reports he had records of 106 cases under observation for three months or longer. Eighty-three of these were severe, and eighteen were bed-ridden. Of these last, eight are now walking without cane or crutch, three are walking with a cane, and two with crutches; and two of those still in bed are beginning active and passive motions. Of fourteen wheel-chair patients, results are unknown in four cases, but three are walking without assistance, two are walking with a cane, in two the joints are free from pain, and three have died. Of the remaining fifty-one severe cases, practically all are improved, though in eleven the final result is not known. Thirty-three of the remainder have been feeling practically well for a year or more; and in only seven was the treatment entirely unsuccessful. He has used thymus extract—giving from two to four tablets of 5 grains each, three times daily, either before or after meals. How thymus acts upon arthritic joints, he does not pretend to know, nor does he believe it a specific, but he considers it certain that if the drug is taken for a long time, and used in connection with general hygienic treatment, marked improvement will follow.

The iodides, or soluble iodine, are used extensively in the treatment of chronic rheumatism and rheumatoid arthritis, with some excellent results. The theory in regard to the action of iodine is this: after becoming liberated in the tissues, iodine very quickly passes through the protoplasm of the body, and sharing in its metabolism by combining with the albuminous molecules, no doubt accelerates tissue-changes. Certain poisons which have intimately associated themselves with the albuminous structures are disengaged from these combinations by the iodine, and are swept out of the tissues. In view of the almost marvellous way in which iodine deals with the virus of syphilis, and with certain metallic poisons as lead and mercury, it is not unreasonable to suppose that it will likewise be useful against the poisons which produce rheumatism and arthritis.

While nurses, of course, never prescribe these treatments, it is interesting for them to learn the theories upon which they are based, and I contend that a nurse who has such knowledge is better fitted to give her patients an intelligent supervision and care.

Hydrotherapy, solar-rays, electric-light baths, vibration-treatment, seasalt-rubs, hot-packs, medicated baths, massage, and mechanical-movement treatments, such as "Zander," have been useful when given under the strict supervision of a physician skilled in orthopedic work, but should never be given except as ordered and directed by a competent doctor. Certain treatments that would benefit some types or stages of the disease might do incalculable harm if given in other stages. Only a physician is competent to judge of the structural changes that exist in the joints. In advanced cases the ends of the bones are soft and friable, and forcible manipulation or extension may cause fractures and other serious injury. This is a point to be impressed on nurses or mechano-therapists who undertake the treatment of these cases.

Patients suffering from acute exacerbations, especially in the joints of the legs, should not be allowed to be about actively; rest is very important, and local protections of the joints are sometimes necessary. Fixation-splints are sometimes used, with relief of pain, and prevention of deformity.

Occasionally a patient is seen who has, at intervals, considerable trouble in deglutition, the food or drink being regurgitated through the nose. There is usually a severe spinal arthritis as the primary cause of this, and there is a form of neuritis in the nerves supplying the muscles of deglutition, this being dependent on the spinal condition.

Spinal arthritis is said to be the cause of the angina, intercostal neuralgia, digestive disturbance, weak heart, and the distressing dyspnoea, so often observed in advanced and crippled rheumatoid arthritis cases.

Heredity undoubtedly is a factor; therefore those who have had relatives afflicted with the disease, should try in every way to avoid the other predisposing causes. Rheumatic and arthritic patients should not take cold baths, or swim or bathe in cold, salt or fresh water.

In the early stages of the disease, hot-air or "baking" treatments combined with massage have seemed in many instances to be of great benefit. The hyperæmic action of the dry heat seems to do good by intensifying the solvent properties of the blood; thus dissolving blood clots, granulations in the joints, joint-effusions, and nodules in the tendons. Such treatment is very analgesic, and increases motility, reduces swelling, decreases crepitations, and greatly benefits or cures the attendant neuritis. Solar-rays, electric-light-baths, hot-packs, and hot, medicated-baths, if carefully given, and the after-chilling of the patient avoided, give practically the same results as hot-air treatments.

In chronic cases, renal and cardiac complications are common, and

elimination is at all times faulty. Thus it will readily be understood why exposure to cold and chilling should at all times be avoided. The skin, kidneys, and bowels should be kept active; this is very important. Flannel underwear and nightrobes should be worn in cool weather.

It is a peculiarity of this disease that patients are not affected by changes from dry to humid climate, as are rheumatics, but they are very sensitive to changes in temperature, exposure to cold or chilling causing severe neuralgic pains, or even causing a fresh exacerbation of their disease.

In acute cases, after the severe symptoms subside, active and passive movements are of benefit, but massage and mechanical movements are not as a rule adapted to any of the well-advanced chronic cases; indeed, such treatment only aggravates the trouble.

The general duties of nurses in charge of such cases may be summed up as follows: Surround the patients by hygienic conditions; pay especial attention to the diet, and to the eliminative functions; avoid all exposure to cold and chilling; shield them from mental worry, be very careful and gentle in giving treatments to, or in lifting and handling chronic cases; be alert to all symptoms, and prompt and exact in reporting the same. And withal, be kind and sympathetic toward the sufferers from this dread disease, for they are the victims of a grievous burden.

THE HEALTH OF WOMEN WAGE EARNERS

HEALTH is a social question and must be dealt with by government. The regulation of the scale of wages of women by the state is a step toward the preservation of the health of the worker. Those who insist on trying to bolster up the morals of the vast army of workingwomen, must first turn their attention to the physical welfare of these women. Mary Ann must have before her the ideal of pure womanhood, but Mary Ann must eat and be warm and have a roof over her head in order to *protect* that womanhood. Nor must she become a mother who is a beast of burden, a weary, bedraggled servant of a parasitic trade. Two children out of every four or five die before the age of five years. If the mothers can be given a little more comfort and a very little more leisure, we shall not find it necessary to raise the cry of race suicide in the streets.—From "Woman and the Wage Question," by Jeanne Robert, in the *American Review of Reviews* for April.

THE EFFICIENCY OF THE SERVICE

By MARY A. SMITH, R.N.

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As the call for the trained nurse increases, as it has in the last few years, we find the problem of securing recruits to our ranks a serious one. There is plenty of material, but how to get the best and turn out from our training schools the finished product, in the competent, well-balanced graduate nurse, is giving the superintendent of to-day food for serious thought.

I think too little consideration is given, especially among the smaller hospitals, to furnishing proper accommodations for the pupil nurses. It is not only necessary to provide comfortable and sanitary sleeping apartments, but it is vitally necessary that rooms for relaxation, study, and social intercourse be provided. A music room, library, and reception room should be a part of every school. The pupil nurse has two or three years of the most important part of her life to spend here. The environment should be pleasant, wholesome, and homelike. Superintendents of nurses cannot emphasize this matter too much before the trustees or other authorities of their hospital. Girls of eighteen and nineteen are accepted in our training schools almost everywhere at present. They are naturally pleasure loving, and come into an atmosphere of restraint. To a great many of them, the habit of discipline has not been inculcated in their home and preliminary school training. They feel dissatisfied, and the drudgery of hospital work, as they look at it, palls on them. At this time the homelike surroundings of a properly-appointed nurses' home play an important part. If the home is attractive, and facilities for innocent amusement are provided, they forget the fatigue and petty irritations of the day and are ready, after a pleasant evening spent with congenial companions, whose aims and purposes in life are identical with theirs, to go forth with strength renewed, mentally and physically.

The educational standard required of probationers is becoming more rigid every year. This is as it should be. I think all schools should require at least a high school education, or its equivalent, of all applicants, and that everything that can be done to elevate the intellectual and moral standard of the profession is necessary, and cannot be too fully emphasized. In the schools themselves there is a tendency to spend

insufficient time in theoretical work. I think if more off-duty time could be arranged, and a portion of that time spent in class study, quiz, explanatory and demonstrative work, much could be accomplished. The lectures and the practical work in the wards are not enough. The practice room for the probationers, as provided in some hospitals, is a good idea. There the probationer can be taught bed-making, and the use and care of different utensils, and other details before being assigned to wards.

The idea of the central nursing college, when it becomes an assured fact, will, I think, solve many of our present problems.

Many articles have been written along these lines in the past, and will be in the future. We are working with one object in view, the efficiency of the service and the dignity of the profession, and I feel sure that if we make our training schools attractive and keep up the standard, we will find many worthy recruits to our ranks.

[From the *British Journal of Nursing* of February 17, 1912.]

"We are sorry to note that there is difficulty in procuring the most suitable type of nurse for private service in India, with Lady Minto's Association. But we fear the highly educated class of women is training in less and less numbers for our profession. We can hardly wonder at this depreciation, as the opposition of hospital committees in London to just educational conditions in the schools, and their most ungenerous fight, led by the London Hospital, to prevent the organization of the nursing profession founded on legal status, is doing inestimable harm to nursing far and wide in all its branches."

A COURSE IN BACTERIOLOGY FOR NURSES

By JOHN A. KOLMER, M.D.

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in Experimental Pathology, University of Pennsylvania.

THERE can be no doubt of the fact that a working knowledge of the principles of bacteriology is of primary importance in the education of a nurse. So many facts have been established in this science, and its important relation to surgery, medicine and obstetrics so definitely proven that a sound practical knowledge concerning the relation of bacteria to disease is not only desirable but imperative. The names of not a few of the world's most illustrious men are intimately connected with the development of bacteriology; many acts of personal heroism and self-sacrifice are closely associated with epoch-making discoveries, the fruit of long-continued and patient work, with results which have well-nigh revolutionized the practice of medicine and surgery. The world over, an army of workers is busy with further investigation and the coming years will be enriched with additional discoveries tending to the conservation of life by the cure and prevention of disease.

The nursing profession by its intimate relation with that of medicine is likewise affected by these advances. A practical knowledge of the art of nursing must be built upon a firm foundation, a knowledge of certain fundamental branches, of which bacteriology is not the least important from either a practical or theoretical point of view. I do not wish to discuss the faults or the merits of our present system of training, but I do believe that insufficient time is allotted to systematic instruction in such fundamental branches. In not a few of our hospitals the pupils are required to work very hard indeed with routine duties, followed by attendance upon a course of lectures, and the quiz, and these in due time by the process of cramming with a mass of undigested knowledge for the inevitable examination. Nursing is practical, requires accurate working knowledge, and hence instruction should be systematic and practical, aiming to demonstrate and explain a few facts thoroughly rather than attempt to cover the whole in a hurried fruitless manner. Any system is faulty which turns out mere automatons, even though well trained. The aim should be towards development of the reasoning capacity and judgment with such practical knowledge as will develop and render most effective that innate sense of nursing to which most women are heir.

It makes no difference in what field a nurse may be engaged; private or institutional work, or in any of the specialties, sooner or later she comes in intimate contact with bacterial diseases where a working knowledge of bacteriology is necessary for intelligent and competent management. She should understand why certain precautions are necessary in handling and disposal of excreta from a patient suffering with typhoid fever and likewise in the proper collection and disposal of sputum from the patient with pulmonary tuberculosis. The terrors of surgery and motherhood have largely been overcome by the development of bacteriology. The modern aseptic surgical technic with its brilliant results were practically undreamed of thirty years ago, and even in the humblest homes a few well-known precautions in technic will effectually prevent infection during labor and save countless lives from puerperal sepsis. The nurse comes in intimate contact with the patient during and after an operation; to her is entrusted the proper preparation of patient, instruments and dressings with the one great object in view: the destruction of the unseen organisms which may be so potent for injury and death, and thus so worthy of our best efforts to destroy. Continuous routine practice may make a nurse competent to handle such situations and develop in her the "aseptic habit," but she is likely to be even more competent and, most important of all, more conscientious if she has had the opportunity of actually seeing and studying the disease-producing power of her hitherto unseen foes and the best methods of their destruction. If a nurse is skeptical and doubtful of the power of certain bacteria while in training she is not likely to be careful and competent when removed from the watchful care of the teacher unless taught the lesson later by some unfortunate experiment in which another human being is the suffering victim.

The keynote in the teaching of bacteriology should be the "see it yourself" and as far as possible the "do it yourself" principle conducted in the laboratory. Brilliant lectures, elegant drawings and awe-inspiring terms and descriptions do not equal the value of one actual demonstration. The pupil enters upon the study of this subject either with preconceived ideas regarding the universal deadliness of bacteria in general or with a very skeptical and dubious state of mind towards the whole subject. At once her mind should be disabused of the idea that all bacteria are harmful, and the fact should be emphasized that a certain group is absolutely essential to life and health, that the minority are harmful and disease-producing. Lectures should be brief, simple, and to the point, and most time spent in the laboratory. The actual manipulations may be too intricate or consume too much time for each

pupil to execute, but all may observe the technic of the demonstration in making cultures, smears, etc., and then each pupil may make the microscopical examinations. During the course pus from the dressing room is examined; tubercle bacilli demonstrated in sputum; gonococci in discharges; soiled and sterilized gauze cultured; likewise soiled and sterilized rubber gloves and instruments are cultured and cultures made of a pupil's hands before and after the usual preparations for an aseptic operation. The nurse is taught the first principles concerning the reason for sterilization and why she cannot afford to be careless. Practical sterilization of dressings, instruments, etc., is taken up, followed by a consideration of the proper handling and destruction of feces, urine, sputum, discharges, etc. Special stress is laid upon the pyogenic and other ordinary pathogenic bacteria and the relation of milk and water to disease.

While the subject of immunity does not permit extensive demonstration, yet phagocytosis can easily be taught. In a few simple words the pupil may be taught what is meant by immunity and its kinds, and made to understand one or two theories regarding its production. Special stress is laid upon diphtheria antitoxin and vaccination with cowpox virus and the prevailing ideas regarding the working of these explained. The subject opens up to the nurse a new aspect of medicine and cannot fail to stimulate a healthy enthusiasm.

The course also includes elementary instruction in urinalysis. Each pupil is taught to observe the physical characteristics of urine and test its reaction, estimate correctly the specific gravity, and conduct one or two simple qualitative tests for albumen. A nurse equipped with such simple knowledge would frequently prove of value to the attending physician either in private or hospital practice. In the armamentarium of such a nurse should be found a couple of small thin-walled test tubes, a vial of litmus paper, a urinometer and a bottle of acetic or nitric acid, as well as the time-honored thermometer and hypodermic syringe.

Appended is a synopsis, slightly modified, of the course in bacteriology which I gave the class in the training school connected with the hospital of the Philadelphia Polyclinic and the Philadelphia Hospital for Contagious Diseases. I have been more than gratified with the progress made by the pupils and by their eager grasp of the subject.

The demonstrations were usually held twice a week, for three weeks, making six periods in all. Each period lasted from one and a half to two hours. The first portion of the period was taken up by a brief lecture and the balance by work in the laboratory. Bi-weekly periods have the advantage of enabling the student to grasp the subject and to

follow the results of cultures. During the course a graduate nurse quizzed the class and examined and corrected note books.

First Period.—1. Development and scope of bacteriology. Brief historical sketch. 2. General characteristics of bacteria. 3. Bacteriological technic. 4. Relation of bacteria to disease.

Second Period.—The pus-producing bacteria. The class is required to bring to the demonstration, specimens of pus suitably preserved. Direct smears and cultures are made and examined. Modes of infection are thoroughly explained.

Third Period.—1. The common pathogenic bacteria: Bac. Typhosus; Bac. Diphtheria; Bac. Dysenterica; Bac. Tuberculosis; Bac. Pyocyaneus; Pneumococcus; Gonococcus, etc. The life history and mode of infection in each with special reference to various measures preventing infection. Examination of cultures and slides.

Fourth Period.—1. The destruction of bacteria by chemicals. Practical use and comparative value of disinfectants, antiseptics, germicides. Practical disinfection of discharges, feces, urine, sputum, etc. 2. Methods of sterilization. Fractional sterilization. Sterilization of milk for feeding infants. 3. The class is required to bring to the demonstration a piece of soiled gauze and one of sterile gauze; a soiled glove and one which has been sterilized; a used instrument and a sterilized one, etc. A pupil has her hands cultured and is then required to go through the full and regular technic in preparation for an aseptic operation. Hands (particularly finger nails) are recultured. Cultures are made of above articles and examined two days later at the following demonstration.

Fifth Period.—1. Principles of immunity. Phagocytosis. Explanation of Erlich's theory. Explanation of opsonins. Widal reaction. 2. Relation of milk to disease. 3. Personal hygiene; hygiene of sick room and other practical hygienic subjects.

Sixth Period.—1. Physical properties of urine. Proper methods of collection and preservation. 2. Reaction; specific gravity. 3. Albumen and qualitative tests.

PRIVATE NURSING CONDITIONS

By EMMA ROBERTS

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WE do not labor to-day under the same difficulties in private nursing that we did a dozen years ago. The common consent of the people seems to be that nursing is one of the modern successful movements, and surely an educational project, such as this, should result in the uplifting of the profession. We are still trying to solve the problem of how to teach people the hygiene of healthful living. The masses are living in appalling unsanitary conditions.

A tubercular case comes to mind to which I was called, not many weeks ago, that made me heart-sick. Go with me, if you will, into one of the most deplorable of homes, where sanitation was unknown, and imagine the scene. The patient, a man of thirty-six, had been confined to his bed for eight months, almost entirely in an unkempt condition. Newspapers were spread about on the floor, and about three feet from the bed was an old bucket into which he was expected to expectorate. More often he missed it, and the sight that met my eyes made me gasp.

Needless to say, the patient, who had not had a bath in all this time, was transformed, put into as good a condition as could be, and the room cleaned of as much poison as possible. Fortunately the month was unusually warm for May, and he was encouraged to stay out of doors most of the six weeks of life which remained to him. In the absence of sputum cups, we cleansed a bucket and half filled it with earth; this was kept on a box level with the bed. When used, the sputum was covered over, and emptied, as often as need be, in a trench dug for all excretions. The people were very poor, and the item of expense had to be considered.

It is not much wonder that nurses are wanting in this line of work. We have in our well-equipped hospitals all the tools with which to perfect our work, but in the homes we must demonstrate our practical teaching in the art of improvising. Sick room supplies are often sadly missing, also plentiful linen. It is quite a problem to make people see the need of fresh linen daily, which often means daily washing,—a serious objection. The tactful nurse who is trying to bring about health reform will have two sets of linen, using them alternately, airing one well while the other is in use, unless the case is infectious.

To employ "an ounce of prevention" is another helpful means. The use of newspapers is of great value, substituting them for the better protectives. Spread a newspaper under the patient before giving the bed pan, place one, also, just under the knees for an added precaution. While making the morning toilet, use one to protect the pillows. Papers may be made into obstetric pads.

The improvised operating room, which has often been described in the *JOURNAL*, makes great demands on our resources. The difficulty of substituting utensils and having them sterile, and of the actual preparation of the whole, no one but the nurse knows.

After an operation, if one has no pus basin, a shallow hand basin can be made useful for the evacuations of helpless patients, gently pressing down on the bed and holding in place, if need be.

Protection from draughts can be made by throwing a sheet over backs of chairs, or an improvised screen, by having a frame with material tacked on.

Labor may be saved by using the ordinary cotton roll purchased at the dry goods store. A pad placed beneath the hips of a helpless patient serves a good purpose.

On one occasion I was in need of a drinking tube; not having one, the druggist, a very ingenious individual, to my amazement sent a nipple, short glass tubing, and longer rubber tubing. We all enjoyed the joke, especially the patient, a boy of sixteen.

The nurse who can adjust herself to existing circumstances is fortunate, indeed, and has solved one of the great problems in private nursing. Many practical suggestions published in the *JOURNAL* have been helpful to me; they are always read with much interest. The steady upward movement of the nursing profession is one to be highly commended.

Men and women are taught to-day how to care for all economic animal life, but they are not taught as much as they should be about caring for themselves. A man who takes care of his residence is a wise man, but he who takes care of the physical house in which his life resides is wiser.

Popular education can do more to improve sanitary and hygienic conditions than any other force. When fathers teach their sons, and mothers teach their daughters, improvement of the race will speedily follow. An education that makes for clean bodies, clean hearts, clean morals, clean thought and clean life in every way will do more to conserve and uplift the race than anything else.—Chase S. Osborn, in *Public Health*.

ONE METHOD OF TREATMENT OF LATERAL CURVATURE OF THE SPINE

By HELEN L. REDFERN, R.N.

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For a long time much has been written on the different methods used by orthopedic surgeons in their attempt to correct lateral curvature of the spine, but nothing has appeared which has offered any hope of a cure of this most serious condition until recently, when Dr. E. G. Abbott, surgeon-in-chief of the Children's Hospital in Portland, Maine, discovered and presented to the profession a simple, rapid and complete reduction of this deformity.

His method is this: not merely to force the distorted parts of the back to their normal anatomical position, but to place them in an over-corrected position. The principle of this treatment is well known in arboriculture; the nurserymen bend a curved tree until a corresponding bend is produced in the opposite direction, then the trunk is retained in the new position for a time, and when released it becomes straight and remains vertical. So with the spine, Dr. Abbott applies a plaster-of-Paris jacket, which places the patient in the opposite direction from that of the deformity. To do this the patient is bent forward, and lateral traction made, the low shoulder elevated and the depressed ribs pushed backward. In most instances it is impossible to obtain complete over-correction when the corset is applied, but the spine is gradually rotated and bent into this position.

A large window is cut in the back over the depressed ribs, giving room for them to bulge backward as they change their positions. In front another window is cut at one side where large felt pads are inserted from time to time as space offers itself until the spine has bent and rotated the required amount. The changes, although gradual, are constant, and from the position in which the patient is placed in the corset the change could only be toward over-correction.

I think it will be a surprise to the reader to learn that it required but fourteen days to completely over-correct one case of severe fixed lateral curvature, and the usual time necessary to bring about the desired position is only one month.

After the over-correction is obtained, the spine must be held in this position for some time, after which it is released and allowed to grad-

ually fall back to its normal place. After the corset is removed, it is necessary for the patient to take systematic exercises in order that free normal motion may be obtained, and the spinal muscles should be developed by massage.

Patients under the treatment suffer very little, if any, more than they do in the ordinary plaster-of-Paris corsets, such as are worn for tuberculosis of the spine, and in only two instances have patients in the Children's Hospital been given an opiate, and then only during the first twenty-four hours.

Dr. Abbott attributes this deformity to faulty positions assumed through carelessness, occupation or disease. In many instances it is caused by the carrying of books in one hand to and from school. The attitude taken by a child while sitting at a desk favors its development. It may be observed that when a child sits at his desk writing he naturally assumes a position which causes a temporary lateral curvature of the spine. If this posture is frequent the temporary curve becomes habitual and finally fixed, and what was at first a physiological position soon becomes a pathological.

So great has been the interest shown by the medical profession in this treatment of a deformity, the correction of which no one before has solved, that physicians have come from all parts of the country to observe Dr. Abbott's methods. It is seldom that a man working alone, with no ideas but his own to utilize, is so fortunate as to work out the solution of such an important problem, namely, the cure of a most prevalent deformity, lateral curvature of the spine.

A MISSIONARY EDITORIAL

IN Lincoln, Nebraska, some time within the past three months, an opera was given for the benefit of a hospital, at which some "sorority" girls intended to act as ushers, dressed in nurses' uniforms. The state association of nurses and the state Red Cross Committee very promptly expostulated against the misuse of the uniform, and published in a newspaper their hearty sympathy with the object of the entertainment, but their disapproval of the plan of the ushers, using as their argument an editorial which appeared in the *JOURNAL* for December under the heading "Nurses in Uniform in Public Places." It would be interesting to know the result of the protest,—whether it was effectual in inducing the university girls to adopt some other garb.

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

A RED CROSS BUILDING

MENTION was made in the November JOURNAL of the proposal to erect in the city of Washington a national monument to the memory of the loyal women of the Civil War. At that time no suggestion had been offered as to the form which this memorial should take, but it seemed a gracious tribute to the work of women, many of whom had served as nurses during the four years of war. It is now proposed that the monument to be erected shall take the form of a building to be given as headquarters to the American Red Cross in perpetuity. It seems most appropriate that the humanitarian work of the American Red Cross in all the years to come should be carried on in a building commemorating the zeal and devotion of the patriotic women who inaugurated the sanitary commission, raising millions for relief work, and who braved the dangers and discomforts of fever-stricken camp or crowded ward to lessen the suffering of the sick and the wounded.

Dr. Bellows, who was president of the Sanitary Commission, says of these women: "They risked their lives in fevered hospitals, they lived in tents or slept in ambulance wagons for months together, they fell sick of fevers themselves and after long illness returned to the old business of hospital and field service. They carried into their work their womanly tenderness, their copious sympathies, their great-hearted devotion."

Can we wonder that a memorial to them has appealed to the public conscience and finds favor with all who shared in the sorrow and anxiety of those years?

It is reported that Mme. Feuillet, daughter of Octave Feuillet, the novelist, has recently been decorated with the Cross of the Legion of Honor for her services as a nurse.

CHRISTMAS SEALS

COMPLETE reports concerning the sale of seals have not as yet been received, but judging from present indications it appears that not less than 32,500,000 have been sold. Over \$300,000 for the anti-tuberculosis campaign of 1912 raised from the sale of Red Cross Seals!

The co-operation of nurses in Red Cross work has been shown in a very practical way during the recent sale, and we have heard much of the splendid work done by nurses not only in the actual sale of seals but as members of anti-tuberculosis committees.

NEW APPOINTMENTS

We are pleased to announce the appointment of Marie Jorgensen as a member of the Red Cross Emergency Relief Committee of the Associated Charities of San Francisco, Cal., and of Edna L. Foley on the committee of the United Charities, Chicago, Illinois. The appointment of nurses on these relief committees will insure co-operation between the institutional members of the Red Cross and the local committees on Red Cross Nursing Service, making it possible to secure promptly in any emergency the required nursing personnel to assist in relief work. We are fortunate in having such representative nurses interested in Red Cross work.

THE INTERNATIONAL CONFERENCE

All members and enrolled nurses of the American Red Cross are cordially invited to attend the sessions of the Ninth International Red Cross Conference to be held in Washington, D. C., May 7 to 17, 1912.

Only the regular delegates appointed by the State Department will take active part in the conference procedures, but all other Red Cross members and nurses who are interested in its work and in the conference will be admitted to the sessions.

The attendance at the opening meeting of the conference will be by invitation only. Those desiring cards for the opening meeting will please send their names and addresses to the American Red Cross, Washington, D. C., before April 15, 1912. For all other sessions of the conference no cards will be required.

The number of delegates sent by any country will, of course, be limited, but it has been decided by the Central Committee of the American Red Cross, that in view of the splendid work done by nurses throughout the country, four of our delegates shall be nurses.

Lack of space prevents giving the programme in full, but the papers and discussions will cover the various activities and relations of the Red Cross.

There will be papers on The Purchase of Supplies; Depots for Supplies; Identification of Personnel; The Relation of the Red Cross to the Army and Navy in Time of War; The Duty of the Red Cross to Other Countries in Time of War; The Protection of the Insignia; The



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Relation of the Red Cross to Prisoners of War; The Assistance of Military Forces in Time of Peace; and Saturday morning, May 11, will be given over to First-Aid work, while in the afternoon there will be an exhibition of boy scouts, firemen, police and trainmen, a drill by the U. S. Naval Hospital Corps, and an illustration of rescue and first-aid work in mine explosives.

On Monday, May 13, the morning session will be devoted to the Nursing Service of the Red Cross, training and enrolling of Red Cross nurses and their duties in war and disaster. Tuesday, May 14, will be devoted largely to relief work in disasters and emergencies, and the relation of various relief agencies to the Red Cross. Wednesday morning, May 15, the Red Cross in epidemics and disease will be discussed, with a paper on anti-tuberculosis work by Professor Dr. Pannwitz, of the German Red Cross.

This is the first time that the International Conference of the Red Cross has ever been held outside of Europe and it will probably be many years before we shall have another opportunity to learn of Red Cross work from those who have been interested in its development since the signing of the Geneva treaty. It is earnestly hoped that many nurses may be able to attend, and the chairman of the National Committee will gladly render any assistance possible in arranging for their accommodation while in the city. A list of hotels was given in the *March JOURNAL*.

A CHICAGO MEETING

A special Red Cross meeting was held in Chicago, March 6, at 8 P.M., under the auspices of the state and local committees, with Ellen V. Robinson as chairman. We are much pleased with the co-operation between these Red Cross committees and the Chicago Institutional member of the Red Cross as shown in the following programme: Speakers: Mr. James Mullenbach, Institutional member of the Red Cross Acting Superintendent United Charities, Chicago, What Constitutes the Work of an Institutional Member of the Red Cross? Marie T. Phelan, R.N., Some Experience Encountered in a Cyclone Disaster, Hattiesburg, Miss., 1903. Pearl Ringland, R.N., Some of the Complications at the Cherry Mine Disaster, 1909. Edna L. Foley, R.N., A Nurse's Experience at the Fire Disaster, Chelsea, Mass., 1908. Colonel L. Mervin Maus, Chief Surgeon, Dept. of the Lakes, Military Duties of the Red Cross Nurse.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK.

THE COLOGNE CONGRESS.

Now that the German government has decided on the new boundaries of the regular holidays, plans for the congress will go on rapidly. The date, August 4, opens the week by the sitting of the officers and executive committee, who will make plans for the next three years, consider the entrance applications of new countries for membership, and have everything in readiness for the action of the whole meeting.

As the executive committee comprises the elected officers, vice-presidents (these are the presidents for the time being of the national bodies of nurses), honorary vice-presidents (these represent countries where as yet there is no national organization) and councillors (the founders or charter members), this meeting will be the official preliminary to the congress week.

As it is the custom in Germany, as in other continental countries, to make Saturday and Sunday general holidays and times for social amenities, the nursing exhibit which is being planned will, if possible, be opened on Saturday, August 3, and in all probability the social functions will begin on Sunday, the 4th.

On Monday, August 5, the official programme of the International Council meeting will take place. This will be the day when the order of business will be carried through, new members admitted, resolutions considered, reports (on education, etc.) given, and the next meeting place voted on. It is, therefore, on Monday, August 5, that all delegates should be in their seats prepared to vote.

San Francisco has been offered as our meeting place in 1915, during the Panama celebration and World's Congresses that will gather in California in that year, and this invitation has met with general approbation. It will be a glorious time to visit the Pacific Coast; there will be special rates; there will be a great concourse of nurses' associations, and though it will be too far away for some of our European members we should draw a number from countries on the other side of the Golden Gate. Delegates must come prepared to vote for the place of meeting, and on the resolutions. That on which it is most necessary for American nurses to prepare themselves is the one on Woman Suffrage. The

International Councillors did not feel that the American delegates had been sufficiently instructed on this in 1909, as many of the delegates of the American society at Minneapolis, who gave the four delegates to London their instructions, had themselves received none. It has, therefore, been asked, in a special note sent to each American alumnae society by the international secretary, that this resolution should be considered in each and the majority vote of each one made clear, so that we may be certain that the votes of the four American delegates to Cologne are decisive. So little was this the case in London that two American delegates, being unwilling to violate their own convictions for instructions that were so uncertain, refrained from voting at all on the resolution that women should be enfranchised.

The other resolutions so far received are on points whereon there will be complete unanimity among nurses. Sister Agnes thinks it will be well to have the Nursing Pageant early in the week, in order to excite enthusiasm at the outset. It will probably take place on Wednesday evening, the 7th.

The Pageant is exceedingly beautiful, and its setting in the magnificent Mediæval Hall of the Gürzenich will make it a really wonderful historic picture. As already said, its sequence is largely taken from the History of Nursing, and from Hygeia, goddess of Health, we shall see many of the great historic nurses, abbesses, queens and saints, knights of chivalry, and of the hospital, down to the present day. The words, written by Miss Mollett and very fine and noble, contain the plea for the highest preparation, ideals, and protection by the State for the work of nursing. Sister Agnes will translate them for the German Pageant. The picturesque ceremonial adopted by the English nurses in 1909 will be retained by the Germans and the strains of national hymns will again be heard as the nurses of various countries respond to their welcome.

ITEMS

MANY American nurses will hear with a painful sense of shock of the recent sudden death of Mrs. Kildare Treacy, Superintendent of the City of Dublin Nursing Institution, who, at the Congresses of Paris and London made warm friends of all who met her, by her sympathetic personality, keen sense of humor, and quick Irish wit. Mrs. Treacy died on the 17th of February, after a short attack of double pneumonia. She had just been chosen to represent Irish nurses at Cologne, and was full of enthusiasm for nursing matters. Mrs. Treacy had taken an active interest in the collection and preparation of material for the third volume of Nursing History, and had worked untiringly to assist

the editors on all points regarding it. The Irish nurses have lost a fellow-worker and friend whose place will long be unfilled, and the international circle will mourn another of its leading members taken in her prime. Our sincerest sympathies are offered to all her many friends.

THE nurses of Finland are very happy that their first three-years' course has been established. The superintendent of the training school of the Maria hospital (a municipal institution) has succeeded in her efforts to gain a three-years' graded course for her pupils.

Another interesting item from Finland is that the Finnish Nurses' Association is preparing to raise money to begin district nursing under the auspices of the association. It is planned to begin with one nurse, and then little by little enlarge the field and at the same time spread a knowledge of public school nursing. The doctor is at present in Finnish schools, but not the nurse.

Mlle. LUIGI, the French nurse who had initiated the training at Béziers, has taken the position of Directrice at the Hôtel-Dieu (now a civil hospital) at Rheims. It is an immense institution of 1000 beds, and her work there will certainly be most arduous, even crushing.

THE first public school nurse in Bordeaux, Mlle. Rolland, has been placed in charge of a group of schools in the poorest quarter, and has from 1800 to 2000 children in her care. She is being supported by private generosity, part of the funds being contributed by the well-to-do pupils of a private school for girls, where for some time one of the Bordeaux nurses has been detailed to look after the health of the young girls, who now in this charming way help the children of the poor to the same intelligent oversight and teaching in hygiene.

THE third volume of History has at last gone to the printer.

ONE of the Australian states, Queensland, has passed a nurses' registration act, being the first one to do so. Australia, like the United States, must get legislation on certain lines from the state legislatures, and a short time ago the Queensland Council of the Australasian Nurses' Association learned that the government was amending the Health Act and putting into it some very inadequate provision for the registration of nurses. They immediately held a special meeting and submitted their own professional amendments to the minister in charge of the bill. The act, as passed, contained all but two of these amendments, and so is considered fairly satisfactory. It went into effect on January 1, 1912. The nurses will keep a close watch on the general administration of the bill.

Miss Garran, Secretary of the A. T. N. A. writes:

"Under Australian conditions there are certain great advantages in the work of registration being done by government, but there are also very great advantages in the present system of an independent body, which though it receives government support and approval, is yet free from political influence. With our uniform system of training, examination and registration we are not so urgently in need of state registration as in a country like England where every hospital is a law unto itself. Here there is one system of registration and one standard from end to end of the continent. State registration will to a great extent break up this uniformity, as each state will have its own law on the subject. The aim of the A. T. N. A. is in any state where a bill is introduced to bring pressure to bear so that any proposed legislation may be brought into harmony with the methods and standards of the A. T. N. A., but there are bound to be many and great differences in the laws passed by the various parliaments and in the regulations and by-laws passed by the local government boards."

Miss Garran also makes the following interesting comment:

"The tendency in Australia—a tendency which has increased during the years that women have had the suffrage—is for men and women in all political, social and professional associations to labor side by side at the work in which they are mutually interested and not to separate into opposite camps. This is especially the case with nursing, where, whether in hospital or in private work, the one cannot do without the other, and indeed from all I can gather from Australian nurses who return from their travels abroad, it seems that doctor and nurse work together on much more equal terms here than is the case in most countries. Certainly the medical men in Australia have worked hand in hand with the nurses to raise their professional training and status."

TUBERCULOSIS work is progressing in Cuba, and a cottage or "caseta" named Martina Guevera, has been built for the use of the nurses at the sanitarium. A pretty ceremonial of blessing the cottage took place under the auspices of the Cuban Nurses' Association, which sent out invitations to the event.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE*



IN CHARGE OF

EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—127 North Dearborn Street, Chicago—on their mailing files for items, clippings, and annual reports.]

CONCERNING FUNERALS

At a recent exhibit of the Chicago City Club, studies of twenty Chicago funerals, showing excessive charges by undertakers and funeral extravagances of poor families, attracted a great deal of comment. The various groups of visiting nurses who attended the exhibit were particularly interested, for many of them had struggled to teach their families the value of a penny saved, only to see that penny and many others vanish in an undertaker's bill that made the usury of a loan-shark seem "child-like and bland." When a group of visiting nurses get started, the stories are sure to be worth listening to, and the following tale of a funeral, with all its pathetically tragic details, is vouched for by a nurse who works "bei the people," as is the saying on Halsted Street.

Josephine was a Lithuanian girl, 19 years old. Her family owned its own home, a poor place, heavily mortgaged and once reported to the Health Department for the number of tuberculosis cases it seemed to harbor. She died of tuberculosis. Her inconsolable parents had no insurance to aid them, but in this country one gets trusted so easily. Therefore, the funeral was arranged for, a new dress bought and a photographer hired to take pictures of the deceased as she lay in her open white casket surrounded by flowers. Another picture was also taken of the hearse and funeral cortege, but the photographer mounted his tripod clumsily in the snowy street so only one negative came out

*Contributions for this department may be sent to Room 1411, 127 N. Dearborn St., Chicago.

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clearly. This did not deter him, however, from sending in a bill of \$27 for his grewsome services. In the procession before the hearse walked six young girl friends, dressed in black and carrying bunches of white flowers. Then came six young men, with knots of crepe on their arms and flowers in their hands, and behind them six little flower-bearers dressed in white. Eleven carriages followed the hearse, and the whole procession was headed by a brass band, whose mournful rendition of what seemed to be a dirge attracted the whole neighborhood. For all this magnificence the father incurred a bill of \$450, or, itemized as follows: casket, \$100; shroud, \$25; candles, \$28; two floral pieces, \$15; photographer, \$27; band, \$35; church services, decorations and choir, \$60; hearse, crepe and carriages, \$150. The funeral took place on a cold day and the wind played havoc with the flowers, arranged to best advantage in an open hack, but the parents were satisfied. Everything was as Josephine would have wished it. If they had two years before moved from their sunless tenement, this money would have gone far towards paying the mortgage on a sunny new home which Josephine might have lived to enjoy, but one cannot learn everything all at once in a new land.

In striking contrast to this funeral was one secured at cost by a philanthropic organization. The deceased was a man, 43 years old, an American; cause of death, alcoholism. He left a widow, who supported their five children by going out washing, with occasional outside relief. The total cost incurred was \$40—\$3 for embalming, \$15 for the casket, \$6 for the hearse, \$8 for two carriages, and \$8 for a grave. At this rate, a somewhat less plain funeral might have been planned for Josephine and still have left something for the rest of the family.

How are visiting nurses going to meet this problem and help educate these foreign-born patients to a better care for their living and a less costly care of the dead?

A USEFUL PAMPHLET

THE Chicago Woman's Club has recently compiled and issued a pocket-size forty page pamphlet, entitled "City Ordinances You Ought to Know." Between its attractive, cartridge paper covers are digests of the city ordinances in regard to amusement, animals, bakeries, drugs, health, liquors, sanitation, streets, tenements, vehicles, and weapons, and under each is given the penalty for its violation and the municipal authority enforcing this. In addition, each digest is written in clear, simple English, due emphasis being laid on important sub-headings.

For instance, under "Tenements" are included briefs of ordinances on "Lights in Halls," "Cellar Walls and Ceilings," "To Be Kept Clean and in Repair," "Duty of Owners," "Habitable Rooms," "Bath Rooms," and "Pantry." Several thousand of these pamphlets are to be distributed to the public school children in the eighth grade, and the meaning of and reason for the ordinances explained to them. As many more copies have been sent to settlement neighborhoods, for the purpose of its compilers is to have it widely distributed. Nurses who would like to promote the compilation of such a booklet for use in other cities may obtain copies of the Chicago pamphlet by addressing Mrs. Herman Landauer, care of Chicago Woman's Club, Fine Arts Building, Chicago.

ITEMS

NEW HAMPSHIRE.—An interesting item in the report of Bessie J. Frawley, late head-nurse of the Concord District Nursing Association, is a silent tribute to the ministrations of that organization to one poor shut-in. In speaking of the growth of the work in the last twelve years, mention is made of the fact that they have carried several of the chronic cases for years, to one of whom alone they have thus far made 2,427 visits. Inquiry proved that this patient, an old woman suffering from nervous exhaustion, had been upon their books for eight years. One of the nurses visits her daily to bathe her, change her bed and personal linen, and make her generally comfortable, and the patient pays the association a small sum weekly for this care.

Other chronic patients, including cases of paralysis, varicose ulcers, rheumatism, and carcinoma, are visited daily, twice a day, or weekly, as the conditions may require. Many cases are treated absolutely free, others pay what they can, the fees ranging from 10 cents to 25 cents. The district nurse is of particular help in some of the poorer quarters where the burden of the chronic cases falls heaviest, for the family gets very tired of the care of the constant invalid, and the work of the nurse helps to lighten this care, and so incidentally to brighten the patient's day. During January, out of 70 cases treated, 25 were "chronics," and the association considers this the most valuable part of its work. Blessed is the Visiting Nurse Association which can so successfully fill a vital niche in its community.

Next in importance is their obstetric work, the nurses attending the patients both during and after confinement. This is made a special part of the training of the senior nurses from the New Hampshire State

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Hospital Training School, who spend three months with the District Nursing Association and get their obstetric training during this time, under the personal supervision of the head-nurse. The staff consists of a head-nurse and her assistant, both graduates, and two pupil nurses. Margaret O'Hara has recently succeeded Miss Frawley as head-nurse upon the latter's resignation.

MASSACHUSETTS.—Mary A. Beard (New York Hospital) formerly superintendent of the Waterbury (Conn.) Visiting Nurse Association, has accepted the position of superintendent of the Boston Instructive District Nursing Association and began her new work in February.

The Sixth Annual Report of the Social Service Department of the Massachusetts General Hospital contains a case history peculiarly interesting and helpful to nurses in district work. It is entitled "Outline of Case Showing Inter-Relation of Medical and Social Conditions." The patient was a girl of twenty years, the medical diagnosis chlorosis. In a parallel column were stated the following pertinent facts under the caption "Social Diagnosis." 1. Father's desertion fifteen years ago. 2. Mother's neglect (away at work). 3. Poverty and underfeeding. 4. Child labor. 5. Unwholesome employment. The medical treatment consisted of Bland's pills, the social, of 1. Material relief for family during patient's unemployment. 2. Change of work. 3. Hygienic advice. 4. Friendly oversight. The present condition is summarized as follows: "While this patient is now able to work and in fairly good condition after two years' oversight, she probably can never be a strong woman because of the social conditions that handicapped her childhood. This case indicates the value of preventive work with children."

It is not such a far cry back to the old time clinic that was satisfied to diagnose and treat only the medical side of its patients, but the visiting nurse who does not appreciate the social side of the diagnosis and the treatment it requires has mistaken her field. Just as we no longer nurse typhoid without trying to find the source of the infection, as well as to prevent its spread, so we should not nurse blindly in any of our homes without trying to get at the root of the cause of the illness, while we are caring for its victim.

District Nurses from Worcester and ten neighboring towns formed a District Nursing Organization in January, when they met at a luncheon in Worcester, in response to an invitation sent out by Rosabelle Jacobus, supervisor of the local society for district nursing. The purpose of

this organization is to bring the nurses in closer touch with one another in order that this social intercourse may prove mutually helpful and tend to increase a spirit of co-operation among them. Twenty-one nurses were present. The officers are as follows: President, Rosabelle Jacobus; vice-president, Margaret E. Newman, of Leicester; secretary, Martha Ducey; treasurer, Mrs. Ralph E. Watson.

MICHIGAN.—On February 26 the visiting nurses of Detroit and nurses doing social service work formed a society with twenty charter members, called the Detroit Visiting Nurses' Club.

COLORADO, DENVER.—Elizabeth Shellabarger (Bellevue Hospital) has resigned her position as superintendent of Nurses of the Denver Visiting Nurse Association, and has accepted the position as superintendent of the Longmont Hospital, Longmont, Colorado.

The Denver Visiting Nurses have adopted a new uniform, having discarded the bonnets and veils which they formerly wore in winter, and now wear plain sailor hats tailored from serge which matches their coats. The effect of the glaring Colorado sun on their eyes made the protection of a shade hat absolutely necessary.

CANADA.—Ten new medical inspectors and six nurses have been appointed recently in Toronto. The staff consists at present of chief medical inspector, superintendent of nurses, eighteen medical inspectors, one dental inspector, twenty-five nurses. There are seventy-five schools with an attendance of 45,000 children.

Among the interesting things brought to light by the nurses during their investigations are the following: One nurse took all the anaemic and undernourished children in the district to a hospital clinic and found twenty-six had incipient tuberculosis. Another nurse referred the cases of discharging ears to the medical inspector for special examination. Cultures were taken and in five cases diphtheria germs were found.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

A SMALL QUICKLY MADE STERILIZER.—Dr. Douglas H. Stewart describes in the *Medical Record* a small portable sterilizer which should be of great value to nurses, particularly to those engaged in district nursing.

Select any rather long, wide-mouthed bottle with a good rubber, or other cork, possibly a glass stopper. Put into the bottom of this a heaping teaspoonful of borax, cover this with two or three pieces of blotting paper of as large a size as will lie flat, pour in a teaspoonful of formalin, push down on this a layer of absorbent cotton to keep all in place, put in the article to be sterilized and press the cork home. Instruments may be wrapped in cotton to prevent contact. The formalin gas generated will thoroughly sterilize needles, old-fashioned hypodermic syringes with leather or rubber washers and plunger and forceps, etc., and maintain them in a sterile condition as long as they are exposed to it. Twenty minutes is sufficient for the process. The instruments may be carried in the bottle ready for instant use. Towels, dressings, etc., absorb too much formalin, and are too irritating to use. Steel will not rust. The borax does not have to be replaced very often, the formalin is renewed when the blotting paper looks dry.

ABORTING A FELON.—*The American Journal of Surgery* recommends that when a felon is feared the end of the finger should be covered with cotton saturated with alcohol and the air excluded by drawing over all a rubber finger cot.

CREATIVE SURGERY.—Dr. Russell Bellamy, surgeon U. S. A., in an intensely interesting article under this heading in the *New York Medical Journal*, describes his results in the line of creative surgery.

He has caused parts of fingers that have been destroyed to grow again, even the nail forming itself anew. Eighteen cases in all are reported. In one severe lacerated and contused wound of the hand and wrist the tissue grew again, leaving no scar. In a plantar wound leaving two mangled toes and an irregular circular concavity, the toes grew again, the wound healed and there was virtually no difference between the two feet, while function was perfect. In one case a white index finger from above the first joint was grown on the hand of a black woman after hospital surgeons had decided that amputation of

the hand was absolutely necessary. By what means are these marvels wrought?

Dr. Bellamy speaks of it as "a cell discovered and found essential in growing tissues, thereby making creative surgery possible." These cells are contained in the delicate membrane lining an egg shell, which consists of two layers. Some days before the hatching of the chick a number of well-developed bloodvessels can be observed in the inner or cell-bearing surface, while the outer side is smooth and glistening. It is this membrane that is used in conjunction with sea water, recently procured and kept in sterile flasks. Sterile dressings and splints and gauze dressings are used as required. The area to be treated is made as nearly aseptic as possible. From time to time new cells are introduced to facilitate the growth of structures or to hasten the growth of granulating surfaces. The growth of the different structures seemed to be in perfect harmony. The nerves were pronouncedly well developed, sensory motor as well as tactile corpuscles, and are responsive to heat and cold.

MENDING RUBBER GLOVES.—Dr. Eugene H. Pool recommends in the *Medical Record* that an arch or belt punch to be used to cut the small pieces of rubber used to repair fractures in rubber gloves. These patches are fastened on with rubber cement and the edges being perfectly smooth and even adhere perfectly and render the glove safe for use in an operation.

SHOCK.—Dr. W. P. Carr, in an article in the *New York Medical Journal*, says that Dr. George W. Crile has demonstrated conclusively that shock is a condition of the brain cells, consisting mainly in a shrinking of the cell nucleus and a dissipation of the granular matter of the protoplasm. There is now no more mystery about it than the using up of plates and fluid in a storage battery. Shock is the exhaustion by excessive discharge of nerve impulses of certain chemicals from the cell that are necessary for its activity. These substances may be restored under favorable conditions, provided their exhaustion is not too complete and the cell disrupted. Crile thinks that shock is not caused by direct action upon the brain cells, but by impulses brought to them by the afferent nerves, those that convey impulses from the surface to the brain, these impulses calling for violent action or effort. They are impulses that suggest evil to the organism, calling for strong efforts of defense or escape, requiring tremendous discharge of nerve impulse from the cells of the brain regulating the mechanism of escape or defense.

Pain, fear, and the pulling upon important viscera are among the

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more important causes of shock. But conscious or sub-conscious fear seems to enter into all the causes as a potent factor. Chloroform and ether do not prevent shock, nitrous oxide does so to a marked degree. No matter how brave or stoical a patient may be, nor how profoundly under the influence of ether, the automatic suggestion of danger may reach his brain and automatically discharge his brain cells exactly as if he were in an actual struggle for his life.

Emergency operations are less likely to be followed by shock, because there is less time for apprehension. Suggestive preparations should as far as possible be avoided before an operation, the patient kept in a proper frame of mind and not brought into the anesthetizing room until it is time to begin the anesthetic. Morphia and atropine should be given beforehand to chill the sensibilities. The patient should be kept in a cheerful, comfortable state by all proper assurances from the surgeon. With more experience shock may be mastered as hemorrhage and infection have been.

STREPTOCOCCUS VACCINES IN SCARLET FEVER PROPHYLAXIS.—Dr. W. H. Watters reports in the *Journal of the American Medical Association* the results of immunizing a number of nurses in the contagious department of the Massachusetts Homeopathic Hospital by administering hypodermatically a polyvalent streptococcus vaccine. During two years but one case, and that a very light one, occurred among a number of nurses who received vaccines, while among a considerably smaller group under identical conditions and environment five times as many cases occurred and these not particularly light. The idea was suggested by a paper written by a Russian, Gabritschewsky.

INCREASE OF DEATH RATE ABOVE FORTY.—The *Medical Record*, quoting from a contemporary, says since 1880 the American death rate per 1000 of the population has been reduced about 25 per cent. This is due chiefly to the spread of knowledge as to the cause and the means of prevention of tuberculosis, typhoid fever, diphtheria, small pox, etc., to the increase of interest in sanitation and the adoption of more healthful living habits by the people. Yet the death rate above the age of 40 has increased heavily, the causes being chiefly the common chronic affections, diseases of the kidneys, the heart, and the bloodvessels. Yet these diseases of advanced age are to a great degree preventable or postponable. It would seem as if the time were ripe for a campaign of education in reference to the causes of mortality above the age of forty similar to the campaign against infant mortality and against the common infections.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

OCCUPATIONS FOR OLDER NURSES

DEAR EDITOR: We have had articles on all sorts of nursing subjects on memorials and on sick benefit funds and work for the heathen,—now can we not have some information in regard to occupations for nurses who must support themselves but can no longer do nursing, not because of ill health but because they have reached middle age and show it in the lines that will come, especially if they have “looked pleasant,” and in the hair, that will turn gray; neither physician nor patient wants a grey-haired nurse and years of experience count for naught.

There are many of us now who have arrived at this stage of life and there are some wise virgins in our ranks who are solving the problem of supporting themselves by other lines of work. May we not hear from some of them?

MIDDLE AGE.

A NEW RULING FOR THE CANAL ZONE

DEAR EDITOR: There has been an order issued on the Isthmus that in the future all doctors and nurses who are ill must go to the general wards of hospitals or pay for the use of a private room. This may be of interest to nurses who are thinking of coming to the Isthmus.

Canal Zone.

A. B.

Copy of the rule effective Feb. 1, 1912.

Members of the staff who are patients in hospital and occupying private rooms will be charged the regular rate for Commission employees in private rooms—\$1.50 per day. Provided that, as with all other patients, if for professional reasons in the interest of the case itself or of other patients a private room is considered necessary by chief of clinic, he may secure a remission of the charge by addressing a written representation of the facts to the superintendent.

DIET DURING PREGNANCY

(The following letter was written as a reply to a query from a correspondent.—Ed.)

DEAR EDITOR: “R. S.” asks for diet “suitable during pregnancy, which is nonfattening but nourishing.”

No set rule is possible for normal cases, and when not normal a physician should direct the diet. A careful consultation of the best authorities on obstetrics furnishes good ground for the following suggestions: Where the nurse is depended upon to advise in the matter of diet, as mentioned by “R.

S." she should first acquaint herself with any physiological idiosyncrasies and the likes and dislikes for food stuffs of her patient. Her digestive ability should also be well understood. In any case nothing but a moderate amount of meat should be eaten, and so far as the heavy meats are concerned, once a day is quite sufficient. Give eggs, milk, fresh fish, fresh fruits, fresh vegetables, chicken and other fowl, *plenty* of water. Tea and coffee may be taken in limited quantities if the patient finds it too great a denial to forego them altogether. Food should be prepared and varied in a way to invite the patient's appetite.

Avoid pastry and fried food stuffs, *always*, also rich and heavily sweetened foods of any sort. Custards, junkets, gelatine puddings served with pleasantly prepared fruit juices, simple salads, of which one can make a great variety by a little forethought, help out in furnishing such a patient's diet.

A broad rule, but nevertheless rather a good one, is to encourage the patient to select the things she enjoys and which are, in her case, readily digested. If she has a decided tendency toward the accumulating of too much adipose, restrict the quantity, excepting the meats, as mentioned above, rather than variety and a reasonable enjoyment of her diet. Her heaviest meal should be taken at midday, and if undesirable tendencies appear, the omitting of the evening meal entirely is suggested.

It must be borne in mind that all the above applies to *normal* cases only. A rational use of what has always been an acceptable diet, not only in the sense of pleasing, but physiologically, coupled with very careful attention to the matter of free operation of the bowel and kidneys, and the taking of a goodly amount of exercise in the open air should promote favorable conditions.

In a normal, and natural procedure like that of pregnancy, the nearer one can follow the lines of the *natural* the better it is for the patient in every aspect.

NANCY E. CADMUS, R.N.

Manhattan Maternity and Dispensary, New York City.

HIGH CALORIC FEEDING

DEAR EDITOR: I read with much interest the article in the February JOURNAL on High Caloric Feedings for Typhoid Patients. The article says that food is to the body what fuel is to the engine. This is true, but if the engine be out of repair the fuel will not burn well and will provide very little heat, in fact if the engine be badly out of repair the fuel may not burn at all, so it would be worse than useless to supply the engine with fuel, as it would be impossible to repair it while filled with unburned fuel. If the engine is not in too bad a condition, it may be able to burn a small amount of light kindling, but no heavy coal.

It seems to me that it is not the amount of food taken into the body that counts, it is the amount that is digested and assimilated. The diet which was suggested for a day's nourishment would not furnish the body with the number of calories said to be required, because a patient with a high fever and the diseased condition of the digestive tract present in typhoid fever would not be capable of converting the food into heat units. Thus there would be a large amount of residue which would create poisonous gases, cause toxemia and thus retard recovery.

My experience has been that typhoid patients who have no nourishment during their high fever are, as a rule, the ones who have the shortest run of fever and also the shortest convalescence.

I know a physician who has had a wide experience of many years with typhoid fever cases in the Mississippi Valley, who says that during the past five years he has made a practice of depriving his patients of nourishment for a period of one to two weeks, and that he has not lost a case in that time. His patients are seldom ill more than three weeks, and have a rapid convalescence with less hunger than when he had made a practice of frequent feedings.

Washington.

U. T.

PROBLEMS THAT CONFRONT US

I.

DEAR EDITOR: It is a fact to be deplored that the Metropolitan Life Insurance Company should employ attendants instead of nurses graduated from incorporated hospitals. The writer has had large experience in a number of cities, in district and hospital and social work. While working for the above-said Company I have been present when life was in imminent danger, when mothers and children would have died had not some one been present who understood the intricacies of disease, when to call a physician, etc. For a maternity case to which I was called before 7 A.M., I had to call the physician three times during the day. The last time he went away when the patient was apparently all right, but after bathing the baby and attending to the cord, I went back to the mother, who had been attended to first, and found hemorrhage. I sent the husband immediately for the physician, who had to take five stitches in the cervix. Had I not been well trained in obstetrical nursing I might not have sent for him until too late, for another nurse who had been called in to relieve me said, "Oh that is nothing."

New York.

S. I. S.

II.

DEAR EDITOR: Speaking of "problems that confront us," may I rise meekly to lift my voice in defense of the "women of inferior education, with a short term of training," who have come into the field?

I can see how, if one has been fortunate enough to have had the strength to have endured the hardship of a three years training, she would naturally feel resentful against one, who with a shorter term would usurp her rights. But my question is, what are the rights of the woman who has broken down under the continual grind of three years and has not been able to go the full term, say even half, who has gone into the work for the love of it, with no "inferior education," applied her whole mind to it, conscientiously performing every duty, with no foolish romantic notion lurking in her brain, as so many probationers enter with.

The picture of a young, pretty girl, in nurse's uniform, standing beside a sick bed with bottle in hand, is alluring to some minds, but the real story of long hours of arduous labor and anxious watching, with all kinds of conditions of men and women, is the real picture.

I have in mind the case of a woman, a widow, who entered for training a hospital—of which it is to be lamented there are too many—where a nurse is used as a means of cheap service, such as the Editorial Comment in the January JOURNAL refers to, and which really give very little in return; where

a nurse ceases to be considered a woman with heart and mind, but rather an automaton with tireless legs and wooden face, who rises, no matter how long she has been on hard duty, and stands in the presence of a dapper young doctor, who sits while he gives his orders in the office. Or in her probation days, when her cheery Good Morning is met with a cold look and why-do-you-speak-to-me-air, she realizes with wonder in her eyes that the haughty being she has addressed is a uniformed nurse, with a vastly inferior education and with little good breeding who will some day have "graduate nurse" on her card, whether the profession is proud of her or not.

But that is another story and I must not diverge. It is only the experience of this friend that comes to my mind. She worked through these days, made friends and helped the young probationers, so that the hard things she had learned had the sharp edges rounded a little. She did not get to finish on account of sickness brought on by drudgery in the hospital, but has since helped the doctors who know her and prefer her work over that of some graduate nurses. She has worked under some of the very best doctors and her ability has never been questioned. With only a short hospital training she has had three years of practical work. She does not pretend or want to usurp the graduate nurse, but does want to enter for examinations and register.

In the field of men, work seems to be on a much broader plan. If some are stronger or better equipped than others, or have a diploma from a higher college, they do not flaunt it in the faces of those less fortunate, but give them their chance. It is an acknowledged fight for the survival of the fittest; but women, ever ready to criticise and disparage one another in so many things, even in this profession, where tenderness and sympathy play such a vast part, stand up and wave their trained-nurse's diploma on high with the battle-cry that no woman, however competent, unless she has endured the training to the end, shall in any wise enter the field. There are striking exceptions: Some nurses are born, not made. That splendid woman, Miss Clara Barton, who has devoted the greater part of her beautiful life ministering to the sick, whose worth and wonderful talent has been recognized by nearly every nation on earth, received her training in the great world of practical experience.

This may be very poorly expressed, but in reading my JOURNAL these thoughts were uppermost on my mind. If the nurse's slogan could be:

"Be just, be fair,
To every woman, everywhere."

Then there would be no injustice, for fairness injures no one.

Missouri.

G. F. L.

AROUND-THE-WORLD LETTERS

(Extracts from letter dated December 13)

DEAR EDITOR: After leaving Ceylon we travelled on to Diamond Harbor, which is in the Hooghly River, where the passengers went ashore by means of tenders, taking the train for Calcutta. As this meant leaving the ship for too great a length of time, considering there were patients on board, I had the pleasure of remaining on the ship, envied by some and condoled with by others. It was agreeably cool after the heat of the Red Sea, and the undisturbed

quiet on the ship was most welcome. I had the pleasure of visiting an Indian village where they rarely see white people, except the postmaster, the customs inspector, and a company of British soldiers stationed there. The current is very strong in all these mighty rivers, and particularly in the Hooghly, where it averages eight miles an hour during flood tide. The row boats are very strongly built, with long slender oars, held in place by means of ropes, instead of oar locks, and manned by eight men. These men are nude except for the loin cloth and turban, and they sit upon a floor level with the edge of the boat. For us a plank was removed, so that we could sit with our feet down. We tried to make a landing directly opposite the ship, as it would have taken an hour to row against the current to the regular landing place. As soon as the people saw our intention, four men came running toward us with a landing chair, and wading in up to their waists, carried us on their shoulders to dry land. The place is protected by dikes, and along these we walked, picking all sorts of odd flowers and startling many wonderful birds.

The only cultivation here is the occasional rice field, but there is a large and very excellent brick yard, and the English are teaching the natives to build canals. So here also was a fine canal, primarily for irrigating purposes. The village itself was most attractive, consisting of a long street, fairly wide, with smaller ones branching off. The people pay rent for the ground, and build their own houses of mud. One young woman was just making her piazza. She was gracefully poised on one knee, and with her silver bracelets and anklets tinkling as she moved, she patted the wet mud floor smoothly into shape with her bare hands. The houses, most of them mere huts, are always closely huddled together, seeming to keep each other from falling down completely. Many of them are transformed into picturesque beauty by the vines growing luxuriantly from roof to roof. The babies are charming in their plump nakedness, dressed in a string and a nose ring, some with a little moon stone pendant, which gave the appearance of the child's very much needing a handkerchief. We saw the hermit squatting in his little portico, lost in meditation, voluntarily cut off from communication with his fellows. We saw the scribe with the anxious and illiterate one having his letter written for him.

As we came to the outskirts, past the many little dark booths where they sell their wares, past the strangely-moving, many-colored crowd, which is typical of India, never still, yet never hurrying, always going somewhere, doing something, yet apparently idle, always giving the impression that either they or you are in a dream,—we came to a delightful bit of natural beauty,—a pond studded with cerise-colored lotus lilies, the banks crowded with tropical vegetation. Out of the crowd of curious men and boys who were following us, we easily persuaded one, a slender bronze statue of about 14, to throw off his drapery and in his native underwear, which resembled a T-binder made of a red plaid kitchen towel, to dive gracefully into the water and secure an armful of these gorgeous lilies. For an equivalent of four cents, the flowers, cameras, and my parasol were carried for us by another bronze work of art, and in this lordly fashion we returned to the ship. It is so warm now that all the officers and many of the passengers are engaging cots and hammocks for sleeping on deck. My quarters are so comfortable that I have not found it necessary to make a change.

Our next stop was Rangoon, made famous by the "Golden Pagoda." We have passed the land of the mosques, the minarets, the Hindu temples, with

their sacred animals and dreadful gods, and we come now to the land of the pagodas with the myriads of tinkling bells and the innumerable images of Buddha—each occupying a shrine—and each dripping with the wax of the many thousand candles which are brought as offerings. The approach to the Golden Pagoda consists of a long flight of steps, arranged in terraces. Here we find for sale the flowers and candles for offerings, strange Burmese toys, sweets, little gongs, paper parasols with very long handles, and the huge cigar smoked by the women and children. The people are of the Mongolian type, narrow-eyed, the men wearing the long braid. They do not pierce their noses nor paint their faces, as their religion is more a philosophy of life. The Burmese look bright and happy, and as if they might even possess a sense of humor. The children nearly all speak English, their bodies are clothed, and they are eager little guides and shop-keepers. This tall spire of gold towers above all the trees, chimneys and high buildings, until it stands alone, glistening against the sky, and may be seen for many miles.

Yesterday was the first day of the second half of the trip, and today, for only the second time, we are having rain. CHARLOTTE EHRLICHER.

DUTIES OF THE PERMANENT NURSE,—TWO REPLIES

I

DEAR EDITOR:

In reply to the letter of G. M. in the March JOURNAL,—to my way of thinking, and from experience, the duties are numerous. In five years I have had two family positions, am still in the latter. You will find plenty to do, even in a household of many servants. A great deal depends on the case. There are servants to look after, give them medical aid and gain their confidence, shopping, clothes of the family to attend to, reading, driving, trips to plan, private matters to attend to, and the wants and comforts of one's patient,—trying to be cheerful one's self, and other duties that only one who has been in families a long time can understand.

We are now taking the West Indies cruise, return to New York April 2nd. I get \$2300 a year, and there are times when I feel that ten thousand could not pay for all I have to think of and do.

Will some nurse write her experience in drug cases?

New York City.

E. H. DE.

II

DEAR EDITOR:

In answer to G. M., I would say the pay depends on the nurse's professional standing and ability, with the qualification of family means.

As to work,—when there is no sickness, one never could tell what it should be, families differ so. I have been nursing thirty-one years, and for twenty-one in a family which has kept me busy in so many capacities it would be hard to say what they are. It would be easier to say what I had not been, and I have found this so with many graduates of my school who have filled similar positions. I have been nurse, visiting nurse, companion, promoter, counsellor, social worker, etc. In fact, the doctor who now has charge calls me a social nurse. The work is not unlike that of a superintendent in a hospital, it takes a woman of strong character and adaptability to fill such a position. I have known salaries to range from \$800 a year to \$1500. A salary of \$1250 is equal to \$3000 in any other position, for you have your board and housing and your washing is done.

Maryland.

S. G. H.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

PROGRAM FOR THE ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES, Chicago, Illinois, June 3, 4, and 5, 1912, at the Auditorium Hotel.

Monday, June 3d.—9.30 A.M. Council Meeting. 10.30. Reports and Business. (Members only.)

2 P.M. Address of Welcome. Response: Annie W. Goodrich, R.N., Inspector Nurses' Training Schools, New York State. Address of President. Paper: Responsibility of Hospital Trustees to Training Schools for Nurses, Mary E. Gladwin, R.N., Superintendent Scranton Road Hospital, Cleveland, Ohio. Discussion. Paper: What Can the Training Schools Do to Meet the New Demands upon Nursing? Edna L. Foley, R.N., Superintendent Visiting Nurses' Association, Chicago. Discussion: Ella C. Crandall, R.N., Teachers' College, Columbia University, New York.

Tuesday, June 4th.—10 A.M. Report of the Committee on Education, M. A. Nutting, R.N., Chairman. Discussion.

2 P.M. Paper: What Should be the Limitations of Nursing Service in a Hospital? Anna L. Alline, R.N. Superintendent Buffalo Homœopathic Hospital, Buffalo, N. Y. Discussion: Mary M. Riddle, R.N., Superintendent Newton Hospital, Newton Lower Falls, Mass. Paper: The Night Staff in a Hospital, Anna C. Jamme, R.N., St. Mary's Hospital, Rochester, Minn. Paper: The Staff Nurse, in England. (Writer not secured.)

Wednesday, June 5th.—10 A.M. Paper: Scientific Management; applied to wards and other departments of the hospital. Ida F. Giles, R.N., German Hospital, Philadelphia, Pa. Paper: The Central Linen Room vs. Ward Linen Room, Mary H. Patterson, R.N., Superintendent, Newport Hospital, Newport, R. I.

8 P.M. Special Session on State Registration under the auspices of the Superintendents' Society and the American Nurses' Association. Presiding officer, Mary M. Riddle, Newton Lower Falls, Mass. Subject presented by Annie W. Goodrich, Albany, N. Y.

AMERICAN NURSES' ASSOCIATION

FIFTEENTH ANNUAL CONVENTION INSTRUCTIONS TO DELEGATES

The Fifteenth Annual Convention of the American Nurses' Association will be held in Chicago, Illinois, June 5, 6 and 7, 1912, in the banquet room of the Auditorium Hotel, Michigan Boulevard and Congress Street, which has been selected as headquarters.

REGISTRATION.—On Wednesday, June 5, the secretary and treasurer will be found in one of the committee rooms from 8.30 A.M. until 12 noon, to register delegates, permanent members and charter members.

From 9-10 A.M. there will be a special desk provided for the registration of nurses engaged in visiting nursing, school nursing, tuberculosis nursing, social service workers and all in allied work, as a conference for these nurses will be held from 10-12 Wednesday morning.

Associations sending more than one delegate are requested to return at least one former delegate, thus incurring greater familiarity with the business and topics for discussion. Please give definite instructions to your delegate or delegates as to the amount your association wishes to contribute to the Nurses' Relief Fund.

Visitors are welcome at the sessions, and a special desk will be provided where they may register.

DUES.—The annual dues for alumnae associations are fifteen cents per capita. The annual dues for state associations are ten dollars. The annual dues of any county or city organization, or one of a national character, consisting of more than fifty members, ten dollars. The minimum dues for any organization are five dollars. The annual dues of permanent members are two dollars. All dues *should be paid in advance*. Associations in arrears will not be allowed to register a delegate. Send all dues to the treasurer, Mrs. C. V. Twiss, 419 West 144th Street, New York, N. Y.

DELEGATES' CARDS.—A delegates' card will be sent each association belonging to the American Nurses' Association. This card is the credential for your delegate (or delegates) which must be signed by the secretary of *your organization*.

Each alumnae association belonging to the American Nurses' Association, composed of fifty members or fewer, shall be entitled to one delegate; of one hundred members, two delegates; and for each additional fifty members, one additional delegate.

Each state association shall be entitled to one delegate, in addition to its president.

Each county or city association, or one of a national character shall be entitled to one delegate.

PROXIES.—No vote as proxy shall be allowed except in election of officers. No person shall be allowed to represent either in person or as a proxy an organization of which she is not a member, nor shall she be allowed to represent more than two organizations.

RECOMMENDATION FROM THE EXECUTIVE COMMITTEE.—The Executive Committee of the American Nurses' Association respectfully recommends that Article I of the By-Laws be amended by "striking out" Section 7, which reads:

"Any permanent member or charter member who has arrived at the age of sixty-two years, may, upon application to the Executive Committee, be excused from further payment of dues while reserving all the rights and privileges of membership."

SARAH E. SLY, R.N., President.

AGNES G. DEANS, R.N., Secretary.

HOTEL RATES

Congress Hotel, Michigan Avenue and Congress Street: Without bath, for one, \$2.00 and up; for two, \$3.00 and up. With bath, for one, \$3.50 and up; for two, \$5.00 and up.

Auditorium Hotel, 430 South Michigan Avenue (corner Congress Street): Without bath, for one, \$2.00 and up; for two, \$3.00 and up. With bath, for one, \$3.00 and up; for two, \$4.00 and up.

Hotel Sherman, North Clark and West Randolph: With bath, for one, \$2.00 and up; for two, \$3.50 and up.

Stratford Hotel, Michigan Avenue and Jackson Boulevard: Without bath, for one, \$2.00 and up; for two, \$3.00 and up. With shower, for one, \$2.50 and up; for two, \$3.50 and up.

La Salle Hotel, 10 North La Salle Street: Without bath, for one, \$2.00 and up; for two, \$3.00 and up. With bath, for one, \$3.00 and up; for two, \$4.00 and up.

Lexington Hotel, 2135 Michigan Avenue: Without bath, for one, \$1.00 and up; for two, \$2.00 and up. \$1.00 addition for bath.

ADVICE ON TRANSPORTATION

For the accommodation of delegates and others who will attend the convention of the American Society of Superintendents of Training Schools for Nurses, to be held in Chicago, June 3, 4 and 5, and the American Nurses' Association Convention, to be held in Chicago, June 5, 6 and 7, the New York Central and Hudson River Railroad will operate special sleeping cars leaving New York June 1 and 3. The exact leaving time, together with detailed information relative to rates, etc., will be announced in our next issue. For the New England delegates, special cars will be operated from Boston via the Boston and Albany Railroad, joining the New York delegates at Albany.

Delegates from the west will probably be able to take advantage of summer rates, and are advised to make inquiries at ticket offices where they reside.

ANNA B. DUNCAN, R.N.,

Chairman, Transportation Committee.

THE Nominating Committee of the American Nurses' Association presents the following ticket of candidates for office to be voted upon at the convention in June: for *president*, Sarah E. Sly, Birmingham, Mich., and Genevieve Cooke, San Francisco, Cal.; for *1st vice-president*, Adda Eldredge, Chicago, Ill., and Mrs. A. H. Colvin, Minneapolis, Minn.; for *2d vice-president*, Emma A. Nichols, Boston, Mass., and M. E. P. Davis, Boston, Mass.; for *secretary*, Agnes G. Deans, Detroit, Mich., and Margaret Dunlop, Philadelphia, Pa.; for *treasurer*, Mrs. C. V. Twiss, New York City, and Mary M. Riddle, Newton Lower Falls, Mass.; *directors*: 1. Jane A. Delano, Washington, D. C., and Mrs. George Lounsbery, Charleston, W. Va.; 2. Mrs. Frederick Tice, Chicago, Ill., and Edna Shuey, San Francisco, Cal.; 3. Anna C. Maxwell, New York City, and Nancy L. Dorsey, St. Joseph, Mo.; 4. Mary M. Riddle, Newton Lower Falls, Mass., and Mary Loomis, Seattle, Wash.; 5. Isabel McIsaac, Benton Harbor, Mich., and Charlotte B. Forrester, Kansas City, Mo.; 6. Annie Damer, Yorktown Heights, N. Y., and Lydia A. Giberson, Philadelphia, Pa.

NANCY L. DORSEY,

Chairman Nominating Committee.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND, TO
MARCH 14, 1912

Previously acknowledged	\$8979.05
Connecticut Training School, New Haven, Conn. Through Emma L. Stowe, Superintendent (<i>Sustaining</i>)	5.00
Graduate Nurses' Association of Connecticut (<i>Sustaining</i>), Mrs. D. Ahn Hart, Secretary, 417 Golden Hill Street, Bridgeport, Conn.	20.00
S. R. Smith Infirmary Alumnae Association, West New Brighton, Staten Island, 227 Bement Avenue	10.00
Bishop Clarkson Hospital Alumnae Association, Omaha, Nebraska	25.00
Lakeside Hospital Alumnae Association (<i>Sustaining</i>), Cleveland, Ohio ..	10.00
Blessing Hospital Nurses' Alumnae Association, Quincy, Ill.	25.00
Presbyterian Hospital Nurses' Alumnae (<i>Sustaining</i>), Philadelphia, Pa. From sale of Robb Memorial Calendars, through Marie A. Pless, 52 E. 34th Street, New York City	639.00
Nurses' Alumnae Association (<i>Sustaining</i>), German Hospital, Philadelphia, Pa.	5.00
St. Luke's Alumnae Association, Chicago, Ill.	10.00
Jefferson County Graduate Nurses' Club, Louisville, Kentucky	5.00
Ellen Stewart (<i>Sustaining</i>), Bishop Clarkson Memorial Hospital, Omaha, Nebraska	5.10
Paterson General Hospital Alumnae Association, Paterson, N. J.	10.00
From twelve members, Newton Hospital Nurses' Alumnae Association, Newton Lower Falls, Mass.	16.00
Alma C. Hogle, Superintendent, Huron Road Hospital, Cleveland, Ohio ..	10.00
Newark City Hospital Nurses' Alumnae Association, Newark, N. J. (<i>Sustaining</i>)	10.00
Vassar Brothers' Hospital Alumnae Association, Poughkeepsie, N. Y. (<i>Sustaining</i>)	5.00
St. Barnabas Hospital Nurses' Alumnae, Minneapolis, Minn. (<i>Sustaining</i>) ..	10.00
Jefferson Medical College Hospital Nurses' Alumnae Association, Philadelphia, Pa.	25.00
Graduate Nurses' Association, Washington, D. C. (<i>Sustaining</i>)	25.00
Total	\$9874.15

NOTE.—Please note the following correction, viz.: May 15, 1911, this fund received \$50.00 from members of Hartford Hospital Training School for Nurses, public acknowledgment for which has not heretofore been made.

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Co., Chicago.

MARY M. RIDDLE, R.N., Treasurer.

REPORT OF NURSES' RELIEF FUND, MARCH 1, 1912

Previously acknowledged	\$1217.74
Philadelphia General Hospital Alumnae Association	50.00
Woman's Hospital Alumnae Association, Philadelphia, Pa.	25.00

Ten individual members Woman's Hospital Alumnae Association, Philadelphia, Pa.	10.00
Miss E. W. Blaine, Washington, D. C.	5.00
	<hr/>
	\$1305.74

DISBURSEMENTS

Expenses of Committee attending meeting in Philadelphia.	11.20
	<hr/>
Balance on hand March 1, 1912.	\$1294.54

All contributions should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, N. Y., and checks made payable to the Farmers' Loan and Trust Company, N. Y. Address all inquiries to L. A. Giberson, R.N., Chairman, S. E. corner 33d Street and Powelton Avenue, Philadelphia, Pa.

LETTER TO AFFILIATED ASSOCIATIONS AND INDIVIDUAL MEMBERS

The Relief Fund is a special fund of the American Nurses' Association established for the benefit of its members who may from any cause be in need of financial aid.

After considering a pension fund for several years, the idea of a relief fund took definite form at the annual meeting in Boston, June, 1911. It was decided to begin the accumulation of this fund at once, and \$1600 was pledged by the members present.

The committee having this matter in charge, recommends that the affiliated associations shall solicit from their membership small contributions by the plan that seems best suited for their special association; that the members may feel they have shared equally in establishing this fund, and that though they may never be in need themselves, they are helping to provide for some sister nurse.

With a membership of not less than 20,000 in the American Nurses' Association, individual contributions of \$1.00 a year for three years, would develop a fund of \$60,000 without conscious effort on the part of any one member; or contributions of \$5.00 annually from each member for two years, would develop a fund of \$200,000.

Once a permanent fund of \$50,000 has been reached, small contributions from new graduates and annual sums from the treasuries of the affiliated associations will maintain a balance that will meet all needs.

The committee recommends the following ruling for the Relief Fund:

Object.—To provide financial aid in time of emergency, to give relief to disabled members not otherwise provided for, and to establish a loan fund.

Eligibility.—Any member of an alumnae, city county and state association, or any other organization affiliated with the American Nurses' Association, shall be eligible for the benefits of this fund. Such benefits shall be for disability from illness, accidents, or from losses by flood, fire, or other calamities, or funeral expenses. This is not to apply to members who have families able to care for them, or where provision has already been made by their local association.

Administration.—That the fund be held by the Executive Committee of the

American Nurses' Association. Administration and amount of benefits to be determined by the Executive Committee and Chairman of the Relief Fund Committee.

Disbursement.—Benefits from the fund shall not be available until it has reached \$10,000. When the amount subscribed shall exceed that sum, such excess, with the accumulated interest, may be used in dire necessity; and when the fund has reached \$25,000, it shall be available for loans.

Suggestions from the affiliated societies for the accumulation of this fund, or for its management will be gladly received by the Relief Fund Committee. There will be opportunity for free discussion of the subject at the Chicago meetings, and delegates should be instructed by their associations what pledges to make.

The committee urges upon the alumnae associations and members of the American Nurses' Association, a quick realization of the \$10,000 nucleus, as the need is pressing.

Checks should be made payable to the Farmers' Loan and Trust Company, New York, and sent to the treasurer.

L. A. GIBERSON, R.N., Chairman, 3334 Powelton, Avenue, Phila., Pa.
MRS. C. V. TWISS, R.N., Treasurer, 419 West 144th Street, New York.
E. E. GOLDING, R.N.
SOPHIA F. PALMER, R.N.
MRS. REBA THELIN FOSTER, R.N.
MAUD MULLER, R.N.
EMMA M. NICHOLS, R.N.

NOTES FROM THE DEPARTMENT OF NURSING AND HEALTH, TEACHERS' COLLEGE

FORMER students of this department, and the many friends interested in its growth, may like to hear that forty-two students have registered here during the year in the various divisions of work. A few students are occupying positions in the city and are taking but one or two courses, but the majority are regular students doing as much work as the college regulations permit.

Three nurses from across the seas are with us—an Englishwoman, Gertrude Cowlin, whom we welcome as a graduate of Isla Stewart, and a friend of Miss Rundle, our English scholar who so endeared herself to every member of the department last year, while from Helsingfors, Finland, comes Ellen Nylander, sent by the Baroness Mannerheim to study methods of training nurses in America. We cannot but be impressed with the progressive spirit of our foreign sisters, and wish that we might have more to give them. From Anking, China, where for several years she has been superintendent of a hospital for women and children, we have Mary Ogden, spending part of her furlough in studying with us.

The students' club formed last year, and managed entirely by the students, has had several interesting meetings with discussions and addresses, among others a much appreciated but all too brief talk from Miss McIsaac.

In response to many demands the department has prepared a bibliography of text and reference books for use in training schools. It is carefully classified

and annotated, covers about sixty pages, and is supplied by the Publication Department of the College for fifteen cents.

For the first time a summer course will be offered this year, giving some opportunity to those unable to take the full year's work. Miss Crandall will be at the College for the whole summer session, and gives a brief course on District Nursing. In connection with this, other courses may be taken, such as sociology or economics, or more purely scientific work in chemistry, bacteriology, or food economics. There will be excellent opportunities for studying the management of milk stations and other similar activities, and it is possible that a few weeks of practical work may be obtained subsequently for those able to take it in the Henry Street Settlement. The College course covers six weeks, beginning July 8th, and ending August 17th. The expense can usually be kept within \$150.00.

One of the most important events in the history of the department is the establishment by the Committee on Nursing and Health, of the Isabel Hampton Robb Lectureship. On this foundation a brief course of lectures will be given annually on some subject of special significance at the moment, not necessarily concerning nursing or hospitals. Mrs. Robb's warm interest in all human affairs, her quick sympathy, her wide, generous outlook, would be ill-expressed in narrowing the purpose of this memorial to a presentation of but one line of thought or work. The lectures will always, however, be in some way related to nursing.

REPORT OF THE NURSES' ALUMNÆ ASSOCIATION, TEACHERS' COLLEGE

THE mid-year conferences of the Teachers' College Alumni Association, held at the College, February 9th and 10th, were a decided success. The various departments held their sessions either alone or in groups, meeting together for the address of the Dean on Friday afternoon, and for some of the social functions.

The Department of Nursing and Health had its special reunion on Friday, about fifty graduates and students being present. In Miss Nutting's absence, through illness, Miss Goodrich addressed the gathering on the subject of "Educational Standards in Nursing," pointing to the great need for organized effort in maintaining such standards as we have, and bespeaking the loyal support of those women particularly, who are or are to become leaders and educators in nursing.

The Secretary-Treasurer then read the minutes of the Boston meeting, and outlined the proposed program of work for the newly formed Nurses' Alumnae Association of Teachers' College. It is very gratifying to note that in response to nearly one hundred circular letters sent out, forty-six have joined the association and a number of others have written approving its objects and promising support. A roll-call of all former students was read. Those who were present replied by giving a brief account of their history since leaving Teachers' College, and some description of the work in which they are at present engaged. Interesting letters were read from many absent alumnae, showing that in spite of distance and often isolation, they still feel a warm interest in the college, and are endeavoring faithfully to carry out some, at least, of the ideals and principles which were implanted there. Most of the graduates are in training school and social work, many of them in very important and influential positions.

It was very gratifying to have Mrs. Jenkins present, and to be assured of

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her continued interest in the work. It was also very pleasant to meet so many former students, some of whom had come from a distance for the occasion.

The Saturday morning session of the Schools of Industrial and Household Arts, took the form of a Round Table. The leader of discussion, Mr. Arthur D. Dean, of the Department of Education, spoke on the "Outlook for Technical Training." The Nurses' Alumnae were very ably represented by Miss Sara Parsons, 1905, who read a suggestive and timely paper on "What the Nursing Schools are Asking of High Schools and Colleges in the Way of Preparation."

On Saturday, a luncheon was held in Whitter Hall for students and alumnae of the Department of Nursing and Health. Miss Tracy, as toastmaster, added much to the conviviality of the occasion by her reminiscences of early days at Teachers' College.

It seems probable, in view of the success of this first "home-coming" of students to the college, that the mid-year conference will become a regular feature of the college life.

ISABEL M. STEWART, Secretary-treasurer.

NAVY NURSE CORPS

Appointments: Ella A. F. Blain, R.N., Presbyterian Hospital, Philadelphia, Pa.; Florence L. Gassaway, R.N., Children's and Columbia Hospitals, and Episcopal Eye and Ear Hospital, Washington, D. C.; Anna Gorham, Medico-Chirurgical Hospital, Philadelphia, Pa.; Kathryn Doering, R.N., Philadelphia General Hospital, Philadelphia, Pa.; Eva B. Moss, R.N., Protestant Hospital, Norfolk, Va., Superintendent King's Daughters' Hospital, Portsmouth, Va.; Herma La Roche Moyer, R. N., Polyclinic Hospital, Philadelphia, Pa.; Edith Agnes Mury, R.N., Waldeck Hospital, San Francisco, Cal., Assistant Superintendent Queen's Hospital, Honolulu, H. I.; Anna F. McCoy, R.N., State Hospital Training School, Scranton, Pa., Post Graduate, Washington, D. C.; Mary Agnes Sheehan, R.N., Friend's Hospital, Frankford, Pa., Post Graduate, Polyclinic Hospital, New York; Bertha M. Shortt, R.N., Cambridge Hospital, Mass., Post Graduate St. Mary's Hospital, Dorchester, Mass.; Martha T. Bergman, R.N., New Rochelle Training School, Post Graduate, Bellevue Hospital, New York; Anne K. Harkins, R.N., Philadelphia General Hospital, Philadelphia, Pa.; Teresa Wilkins, R.N., Cooper Hospital, Camden, N. J., Assistant Superintendent, Presbyterian Hospital, San Juan, Porto Rico; Josephine Goddard, R.N., Protestant Episcopal Hospital, Philadelphia, Pa.; Sara A. May, R.N., St. Vincent de Paul Hospital, Norfolk, Va.; Isabelle S. Caldwell, R.N., Polyclinic Hospital, Philadelphia, Pa.; Ruth Price, R.N., George Washington University Hospital, Washington, D. C.

Transfers: Edith Agnes Mury, Mare Island, Cal.; Eva B. Moss, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va.; Ella A. F. Blain, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va.; Louise E. Langstaff, from U. S. Naval Hospital, Annapolis, Md., to U. S. Naval Hospital, Norfolk, Va.; Ruth R. Kuhn, from Naval Hospital, Annapolis, Md., to U. S. Naval Hospital, Philadelphia, Pa.; Anna Gorham, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Philadelphia, Pa.; Johanna W. Tuve, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Annapolis, Md.; Kathryn Doering, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Annapolis, Md.; Florence Gassaway,

from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York, N. Y.; Herma La Roche Moyer, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York, N. Y.; Elizabeth Hewitt, from U. S. Naval Hospital, New York, to U. S. Naval Hospital, Washington, D. C.; Agnes Young, from U. S. Naval Hospital, Annapolis, Md., to U. S. Naval Hospital, Washington, D. C.

The following nurses have recently been sent to the U. S. Naval Hospital, Boston, Mass.:

Mary H. Du Bose, promoted, and assigned to duty as Chief Nurse, February 23, 1912; Lila Fair, from U. S. Naval Hospital, Portsmouth, N. H.; Anna B. Annette, from U. S. Naval Hospital, Norfolk, Va.; Anne D. Cockerille, from U. S. Naval Hospital, Philadelphia, Pa.; Annie A. Wayland, from U. S. Naval Hospital, Norfolk, Va.; Mary Agnes Sheehan, from U. S. Naval Hospital, Washington, D. C.

Resignation: Susan B. Goshert, Memphis City Hospital, Memphis, Tenn.

LENAH S. HIGBEE,

Superintendent, Nurse Corps, U. S. N.

MASSACHUSETTS

Boston.—The Education Committee, appointed at the semi-annual meeting of the Massachusetts State Nurses' Association, at Springfield, met February 10, at 636 Beacon Street, in conference with the State Board of Registration for Nurses.

The chairman, Charlotte M. Perry, outlined the important work of this committee as being to assist the State Nurses' Association in bringing about a classification of training schools, uniform educational methods, professional standards for the body of nurses, graduate and undergraduate, and such changes in registration laws as shall anticipate reciprocal relations with other states.

Miss Riddle said the object of this committee was to confer with the State Board on subjects especially bearing on state registration and examination and strongly emphasized the point that, as we had no authority to inquire into methods of teaching or dictate the subjects taught, all we could do would be to *recommend* to the schools certain methods and that certain subjects be given careful consideration and study. The Examining Board *has* the right to select subjects for examination, but it was agreed to by all that it was only fair to the schools to be informed of those subjects, that their pupils might not be lacking in general information, at least, in any of them.

After a general discussion it was decided that for the present the subjects recommended should be: anatomy and physiology, materia medica, home sanitation and bacteriology, dietetics and infant feeding, obstetrics, theoretical and general nursing, practical and general nursing, ethics of nursing.

The books recommended for the study of these subjects were: Anatomy and Physiology, Kimber, Blaisdell; Materia Medica, Stimson, Foote, Paul; Home Sanitation and Bacteriology, McIsaac; Nursing Text-books, Pope and Maxwell, McIsaac; Dietetics, Pattee, Pope; Obstetrics, Cook, DeLee, Fullerton.

It was proposed that at the next meeting the system of teaching and training be studied, the time to be devoted to each subject, and the period in training in which it should occur.

RHODE ISLAND

THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES held a meeting on March 6, at which the president, Mrs. Harriet P. Churchill, was re-elected. The corresponding secretary of the association is now Alida Young, Providence Lying-in Hospital, State Street, Providence. It was voted that the AMERICAN JOURNAL OF NURSING be made the official organ of the association.

CONNECTICUT

Hartford.—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held a meeting at the Nurses' Club on March 14, Miss McCormac presiding. After the reading of reports, four new members were accepted. It has been decided that the banquet which is to celebrate the thirty-fifth anniversary of the founding of the training school be given on May 9, at Hotel Garde, Hartford, at 7 P.M. Gisela Grohman was hostess during the social hour. The next meeting will be held on April 11 at Gurdon Russell Settlement House, 34 Charter Oak Avenue, at Miss McCormac's invitation.

NEW YORK

New York.—ST. LUKE'S ALUMNÆ ASSOCIATION is considering the establishment of a pension fund. Miss Moody and Miss Opdyke have resigned as night superintendent and assistant in the hospital, and are succeeded by Miss Van Syckel and Miss Woods.

MT. SINAI HOSPITAL held graduating exercises for the class of 1912 on February 14, at the training school. The class is the largest the school has graduated, having fifty members. The Murry Guggenheim scholarship of \$100 and a handsome pin were awarded to Sadie L. Naughton, Blanche Binks and Mary McNicol. The Betty Loeb bags, given for executive ability shown in the wards, were awarded to M. Lillian Emes and Anne Honold. The A. M. Scholle Columbia Scholarship was awarded to Amy Helen Trench. The principal speakers were Mr. Kalman Haas, Mr. Eliot Norton, of Boston. Dr. Nathan Brill awarded the prizes.

Anne D. VanKirk, superintendent of nurses for a number of years, has resigned her position and is resting in California.

Long Island City.—ST. JOHN'S LONG ISLAND CITY HOSPITAL graduates have organized an alumnae association with more than forty members enrolled, and the hope of increasing the number. Frances H. Andrews is corresponding secretary.

Brooklyn.—THE BROOKLYN HOMOEOPATHIC HOSPITAL ALUMNÆ ASSOCIATION held its regular quarterly meeting for March, at 126 Green Avenue. Following are the officers elected for the ensuing year: president, Mrs. William Carson; vice-president, Stella M. Healy; secretary, Harriet A. Taber, 288 St. James Place; treasurer, Lillian Parker; auditor, Nellie Blair; Red Cross Committee: Lillian Parker, chairman, Stella M. Healy, Bertha C. Cooper.

Schenectady.—THE REGISTERED NURSES' CLUB held a regular meeting on March 1 at the home of Catherine Lynd, R.N., Katherine B. Whitmore, R.N., president of the club, and municipal tuberculosis nurse, and Catherine Quinlan,

R.N., municipal maternity and infancy nurse, gave interesting accounts of their recent observation of the work as carried on in New York City.

Syracuse.—LINA LIGHTBOURN, who has been in charge of the Hospital of the Good Shepherd, Syracuse, for fourteen and a half years, will give up her position on May 15th, and will take a needed rest at her home in Adams before taking up active nursing work again.

Rochester.—THE ROCHESTER GENERAL HOSPITAL, formerly known as the City Hospital, has just completed the sixth in its group of new buildings,—a wonderfully attractive and complete wing for private patients, with rooms of varying size and price, and with every possible device for facilitating the work of the medical and nursing force. The old administration building is being entirely remodelled, while all remaining portions of the original buildings are being demolished and rebuilt.

LUELLA OLIN, class of 1911, has accepted the position of night superintendent of the new annex at the General Hospital.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its annual meeting in the Nurses' Home of the Paterson General Hospital, Paterson, on Tuesday, April 2. The morning session will open at 10.30 A.M.; afternoon, 2 P.M.

MRS. D'ARCY STEPHEN, Secretary.

East Orange.—THE ESSEX, WARREN AND SOMERSET COUNTIES ASSOCIATION held a regular monthly meeting at the residence of Miss A. Curry. Reports from the Legislative Committee were encouraging. The Registration Bill had been presented by Assemblyman Whyte, on February 5. Less active opposition had developed than formerly. Eighty-six physicians in Essex County alone had signed favorable petitions, some giving their adherence who had formerly been opposed to many of the proposed enactments.

Orange.—ELIZABETH EVANS, class of 1900, Orange Memorial Hospital, has established a home for convalescents at her former home, Gaylordsville, Conn., and during the past year has kept the home full of patients.

Newark.—THE HOMOEOPATHIC HOSPITAL OF ESSEX COUNTY held graduating exercises for a class of six nurses on January 17, in the Roseville Auditorium, at Orange. The address of the evening was made by Rev. Daniel H. Clare, pastor of the Hawthorne Avenue Baptist Church, and the "charge to the nurses" given by Dr. Charles A. Groves, chief of the hospital staff. The charge was followed by the presentation of diplomas by Dr. Richards. Each graduate was presented with a gold pin by Leone Crossman, superintendent of the hospital, Mrs. Charles A. Groves, president of the woman's board of managers, spoke a closing word to the class. A dance followed the exercises.

Plainfield.—THE MUHLBERG HOSPITAL is to receive \$132,176 as a result of the twelve days' campaign conducted in its interest. The mark aimed at in the beginning was but \$20,000, then it was increased to \$25,000, but even that sum was exceeded.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES has recently granted registration to 508 nurses. After June 1 an examination must be taken for the degree of R.N.

Philadelphia.—THE PHILADELPHIA CLUB FOR GRADUATE NURSES continues to be a magnet to many on Tuesday afternoons. On February 13 Dr. J. Clinton Foltz spoke on Tuberculosis. On the 20th Miss Darby of the College Settlement on Christian Street gave an interesting account of the work done there. On the 27th Dr. C. B. Longenecker, of the Oncologic Hospital, gave an address on cancer, showing pictures of and explaining many cases under his observation. On March 5 a fine musicale was greatly enjoyed.

MOUNT SINAI HOSPITAL graduate nurses have organized an alumnae and beneficial association. Stella Robinson, class of 1908, was elected president.

THE MEDICO-CHIRURGICAL HOSPITAL opened its new dispensaries for public inspection on March 7. The building is one story in height and contains a large general waiting room, a pharmacy, and many small suites of rooms for the treatment of the various ills. All the rooms are lighted from above, ensuring privacy. All the arrangements have been made with a view to sanitary conditions, facility of work, and comfort.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA held an interesting meeting on March 5. Several were reported ill, to whom flowers will be sent. Miss L. A. Giberson was appointed to speak to the senior nurses of the school on the different organizations and fields open to nurses. \$100 has been set aside towards a scholarship. Miss Giberson has spoken on the Relief Fund and other subjects to the state associations of Pennsylvania and Maryland, and to the alumnae associations of the Jefferson, Orthopaedic, Lying-in Charity and University training schools.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA LYING-IN CHARITY HOSPITAL held a regular meeting on March 7, Miss Steinmetz, first vice-president, presiding, and twenty members present. Adele Miconi read a paper on the care of sick babies of the poor during the past summer. Dr. G. M. Boyd has been asked to address the members in April. Anna S. Magilton, class of 1904, who has been for seven years superintendent of the Baptist Hospital at Nellare, India, is at home on furlough.

THE OPEN-AIR SCHOOL for children having tuberculosis or with that tendency, which has been conducted by the Phipps Institute on the roof of the College Settlement, has not had, during the past ten months, one case of contagion arising from the diseases prevalent among children. Only two have been absent on account of illness—one with a cold, the other with a sore throat. Dr. Frank Craig believes this in itself a sufficient proof of the advantage of such a school.

THE WOMAN'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held the February and March meetings at the Philadelphia Club for Graduate Nurses, Miss Bratton in the chair. Miss Palmer's suggestion for raising money for the Relief Fund was discussed, and it was decided to ask the members to give \$1.00 each for three years, Miss Peters to have charge of the work. A letter from Miss Phillips, of Tacoma, was read, telling of the work of the examining board and her appointment as secretary, and the work in the state toward securing intelligent women voters.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held a regular meeting on March 7, in the Nurses' Home, Mrs. M. Malloy Cullen, president, presiding. There were fourteen members present. Mrs. Warmuth, chairman of the euvre committee, reported there was a clear balance of \$173.60 up to date. Motion passed that a vote of thanks be tendered Mrs. Warmuth for her

services rendered in the management of the euehre. The secretary read a communication from the International Council of Nurses, requesting that delegates to the Cologne Congress, opening August 4, 1912, be personally instructed on the resolution endorsing "Woman Suffrage." A communication was also read from Miss Mary Ogden, accepting an invitation to address the nurses at some future time on her work in China. The matter of wearing nurses' uniforms on the street was discussed and owing to the small number present, a motion was passed, that the matter be laid over until the next meeting. Motion passed that the regular meeting and the annual meeting be combined this year. On motion the chair appointed the nominating committee as follows: Mary Nick, Mary Lewis, Celia Kennedy, Mrs. Strickland Jones and Emeline Schnieder. Motion passed that the Alice Fisher Memorial Services be held Easter Monday afternoon at 2.30, in the Episcopal Chapel, at the hospital. There was some discussion as to what the alumnae might do to aid graduate nurses leaving the school, both financially and otherwise. Motion passed that the matter be held over until the annual meeting. After refreshments were served, the society adjourned to meet April 8, at 3 P.M.

Pittsburgh.—A REUNION OF THE GRADUATES OF THE ALLEGHENY GENERAL HOSPITAL TRAINING SCHOOL was held at the hospital on March 4 instead of the regular monthly meeting. About one hundred graduates attended. Marie Hanlin, president of the alumnae association, addressed the gathering, telling how much could be accomplished if each graduate would take an active interest in the association and its work. Mrs. Emily Truax Johnston, a missionary in Africa, now on furlough, spoke of her work there, and also urged the holding of high ideals. It is hoped to make the reunion an annual affair.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants for registration, Wednesday, May 1, 1912. Apply to the secretary, Katherine Douglass, 418 East Capitol Street.

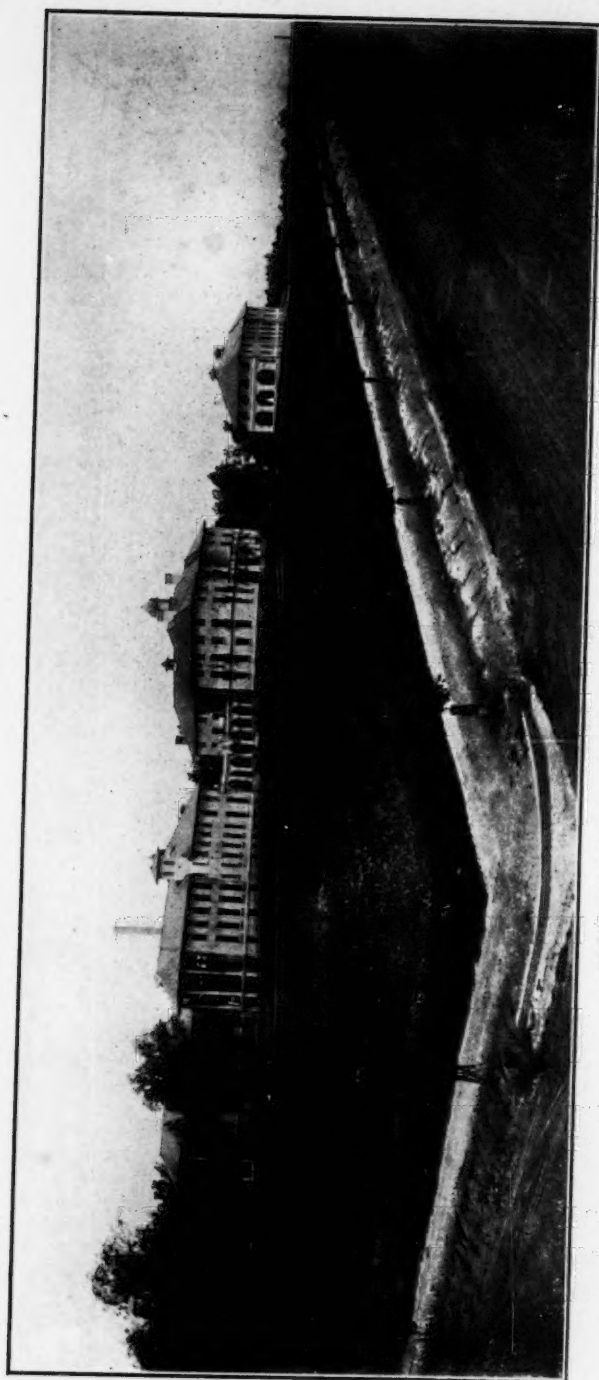
MARYLAND

THE NURSES' ALUMNAE OF THE UNIVERSITY OF MARYLAND postponed its second quarterly meeting on account of the illness of several members of the Executive Board.

VIRGINIA

Richmond.—THE MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its quarterly meeting on March 6, in the apartments of the superintendent of the hospital, Miss Van Vort. Florence Black, the president, presided. \$200 was collected from the members to be turned over to the State Association toward the special cottage to be built at Catawba for the benefit of nurses of the state who are suffering from tuberculosis. A committee was appointed to arrange for a reception dance to be given in May in honor of the graduating class.

THE MEMORIAL HOSPITAL SCHOOL FOR NURSES has arranged for the following lectures to be given in the amphitheatre of the hospital. Graduate nurses of the city and pupil nurses from the other schools are invited to attend so that all may share the benefit. March 15, The Modern Crusade (under the auspices



THE NEW WATTS HOSPITAL, DURHAM, NORTH CAROLINA.

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of the Richmond Nurses' Club), Lavinia L. Dock, R.N. March 22, The Nurse's Relations to the Board of Health, and Her Laws, Dr. E. C. Levy, Chief Health Officer. March 29, The Nurse's Duty and Her Service to the Community, Rev. J. J. Scherer. April 12, The Nurse's Duty in Epidemics and Other Perils, Douglas Freeman, Ph.D. April 19, The Nurse of To-morrow, Dr. Greer Baughman.

NORTH CAROLINA

Durham.—WATTS HOSPITAL has recently been enlarged by the erection of two new buildings, a surgical pavilion, and a nurses' home. The latter is at the right in the accompanying illustration. These are the gift of Mr. G. W. Watts, who has done so much for the hospital, in the way of buildings and endowment. The hospital treated over a thousand patients last year, more than half being charity cases. The average daily number was 44. Mary L. Wyche has been superintendent of the hospital for nine years. She has an assistant, two graduate nurses, and a school of 30 pupils. One nurse graduated in 1910, and five in 1911.

GEORGIA

ANNUAL EXAMINATIONS for the registration of nurses will be held April 2, 3 and 4, 1912, in Atlanta, Macon, Augusta and Savannah, by the State Board of Examiners of Nurses, for Georgia.

E. R. DENDY, R.N., Secretary,
822 Greene Street, Augusta, Ga.

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its sixth annual convention in the parlors of the De Soto Hotel, Liberty and Bull Streets, Savannah, April 24 and 25, 1912. The programme is as follows: Wednesday, April 24, 3 P.M., registration of members and payment of dues. 4 P.M., invocation, Rev. Francis Allen Brown; address of welcome, Hon. Geo. W. Tiedeman, Mayor of Savannah; response, Frances Patton, R.N.

Business session for members only: Roll call. Reports of officers. Recording secretary, Leila Stowe Beach, R.N.; corresponding secretary, Anna Brundige, R.N.; treasurer, Frances Patton, R.N.; ways and means committee, Lillian Duke, R.N.; nominating committee, E. M. Johnstone, R.N.; credential committee, Clara Mathiak, R.N.; publication committee, Lucile Hyde, R.N.; Alms-house committee, J. T. E. Hall, R.N.; arrangement committee, Henrietta Myers, R.N.; State Board of Examiners, E. M. Johnstone, R.N.; Delegate to Nurses' Associated Alumnae of United States. Delegate to Georgia Federation of Women's Clubs, S. H. Myers, R.N. Old business. New business. Election of officers. Adjournment.

Thursday, April 25: 10 A.M. Address, Dr. T. J. Charlton, Supt. Savannah Hospital. Address, Anaphylaxis, Dr. Geo. R. White, Superintendent Park View Sanitarium. The District Nurse, Her Relations to Physician and Patient, Miss Z. Burkholder. The Trained Nurse as a Social Worker, Helen B. Pendleton. Mill Nursing, Lillian Duke, R.N. Before the Crimean War, The Red Cross and The Treaty of Geneva, S. H. Myers, R.N. Adjournment.

3 P.M. Address, President of State Association. Specialisms in Nursing, Dr. D. E. Dudley. Sudden Death, Dr. V. H. Bassett, President Georgia Medical Society. The Nurse as an Educator, Dr. C. M. Rakestraw. Adjournment.

LOUISIANA

THE LOUISIANA STATE NURSES' ASSOCIATION held its eighth annual meeting in the lecture room of the New Orleans Charity Hospital, New Orleans, on February 29, with an attendance of twenty-two members, the president presiding. The reports of the secretary and treasurer were read and approved. Emma L. Wall read Miss Williamson's letter and report of her trip to Shreveport. A discussion on registration followed, during which it was decided that should legislation be attempted, the expenses should be paid from the funds of the association. The members agreed to begin to work for that end. Miss Wall read a request she had received, asking her to take part in the programme of the American Nurses' Association. It was decided to send a delegate to the meetings, and Miss Wall was chosen unanimously. It was decided to make the AMERICAN JOURNAL OF NURSING the official organ of the association. The officers for the next two years were then chosen as follows: president, Emma L. Wall, graduate of Truro Infirmary; vice-presidents, J. McCray and M. DeLaughter graduates of Charity Hospital; secretary, Mrs. Lydia Breaux, graduate of the New Orleans Sanitarium; treasurer, Carrie Goodwin, New Orleans Sanitarium. Eighty-two applications for membership were read and accepted. Two vacancies on the board of directors were filled by the appointment of Agnes Daspit, to succeed Miss Wall for the term of 1911-1914, and C. A. M. Lehman to succeed Miss Marcee for the term of 1912-1915. Chairmen of committees are: Revision of By-laws, Agnes Daspit; Legislative, J. McCray; Credentials and Publication, Mrs. L. Breaux; Financial, Carrie Goodwin. There was some discussion regarding the establishment of a registry, but the matter was deferred until the July meeting.

OHIO

Cincinnati.—THE GRADUATE NURSES OF CINCINNATI appointed a permanent Sick Relief Committee at their regular meeting. A generous percentage of the funds of the association was set aside for Sick Relief Work, and this committee, of which the treasurer is always a member, is to have control of the funds and their disbursement.

THE HEAD NURSES' CLUB of the Cincinnati Hospital voted, at its last meeting to join the Social Workers' Club of Cincinnati in a body. At the meetings of the Social Workers' Club, vital questions of the city's work and welfare are considered, which will give the nurses a broadening interest in affairs outside the hospital, and at the same time keep them in touch with conditions affecting the patients under their care.

MICHIGAN

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold a meeting for registration of applicants, April 25, 1912, at Capitol Building, Lansing, Michigan.

R. L. DIXON, Secretary.

WISCONSIN

NOTICE TO THE GRADUATE NURSES OF WISCONSIN. Application blanks for the state registration of nurses have been prepared by the Committee of Examiners of Registered Nurses appointed by the Wisconsin State Board of Health, according

to the law 1409 a-5 to 1409 a-11, passed during the last session of the legislature. Above blanks will be sent upon request to the Secretary of the State Board of Health, Washington Building, Madison, Wisconsin, or to Anna J. Haswell, secretary of the Committee of Examiners, 1610 Jefferson Street, Madison, Wisconsin, to all the nurses of the state, and applications will be acted upon by the Committee of Examiners. Attention is called to the fact that the law provides that the term of waiver, without examination, shall be until September, 1914.

ANNA J. HASWELL, R.N., Secretary.

THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES was recently appointed by the Board of Health as follows: president, Mary A. Hardaker, Milwaukee; secretary, Anna J. Haswell, Madison; Anna Dastyeh, La Crosse; Gertrude I. McKee, Milwaukee; Mary Stoeber, Madison.

MINNESOTA

THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations for state registration of nurses, Friday and Saturday, April 5 and 6, 1912, at 9 A.M. at the Old State Capitol, St. Paul, Minn.

HELEN M. WADSWORTH, R.N., Secretary.

Duluth.—GRACE HOLMES, who has been for two and a half years in charge of the nursing at the Wisconsin State Tuberculosis Sanatorium at Wales, has accepted the position of superintendent of nurses at the new county sanatorium which is just being opened in this city.

Minneapolis.—March 1st, a reception was given at Shevlin Hall for the first class of nurses graduating from the School for Nurses of the University of Minnesota. At this time school pins were presented by Dr. Frank Wesbrook, Dean of the College of Medicine and Surgery, to the four graduates. Dr. Wesbrook explained that the diplomas would be delivered to the nurses each year, in June, at the University Commencement, but that the pins would be presented when the nurses left the school at the end of their three years. Dr. Baldwin, Superintendent of the University Hospital, expressed his appreciation of the good work of the nurses in the hospital, and wished them all success in their future work. The nurses were then introduced to the guests invited to meet them, and the rest of the evening was spent in dancing.

ILLINOIS

EXAMINATION QUESTIONS, JANUARY 11 AND 12

(Continued from page 518)

MATERIA MEDICA (Rating on 10 out of 12 questions)

1. (a) Give apothecaries weight. (b) Give apothecaries measure. 2. What are anesthetics? In what two ways are they most generally used? Give an example of each. 3. What is meant by an "idiosyncrasy" for a drug? Demonstrate with an example. 4. What are the symptoms of strychnine poisoning? 5. (a) What is the first aid treatment in carbolic acid poisoning? (b) What is the best antidote for carbolic acid? 6. Name five important rules for the giving

of medicine. 7. Name two emetics easily procured in any household. 8. (a) Define emulsion. (b) Name three coal-tar products, used to reduce temperature? 9. (a) Name three drugs belonging to each of the following classes: narcotics and diaphoretics. (b) What do the following abbreviations stand for? t. i. d., p. c., p. r. n., tr., ung., gtt. 10. (a) Give the adult doses of the following: tr. opii. camph.; tr. digitalis; tr. opium; tr. nux vomica; tr. aconite. (b) Give the average dose of castor oil, for an adult; for a child of 6 years. 11. (a) Why is atropine sometimes used in connection with morphine when given hypodermatically? (b) What is the average dose of each usually given? 12. (a) How is the 1:20 solution of carbolic acid prepared? (b) How is corrosive sublimate (bichloride of mercury) solution 1:500, prepared?

BACTERIOLOGY (Rating on 5 out of 8 questions)

1. (a) Name bacteria according to shape and illustrate. (b) What are the conditions most favorable for the growth and development of bacteria? 2. (a) What is the action of the pathogenic bacteria? Non-pathogenic? (b) What are the most effective means of destroying bacteria? 3. Define "culture." Define "culture media." 4. (a) What precaution would you observe in obtaining a culture for examination? (b) What would you use as a stopper when wishing to keep the contents of a bottle or test-tube sterile? 5. (a) Name the several sub-divisions of the cocci, based upon their manner of grouping themselves. (b) Name four contagious diseases that are caused by germs. 6. Name several well-known disease germs found in drinking water. How would you prevent the dissemination of the same? 7. Describe the different methods or means by which disease germs may be carried from the sick to the well. 8. In nursing a case of scarlet fever, what precautions would you take to prevent the spread of the same?

OBSTETRICAL NURSING (Rating on 5 out of 7 questions)

1. How would you adjust an abdominal and breast binder, after parturition, if they were ordered by the physician? 2. What is the difference between the terms abortion, miscarriage, and premature labor? 3. What is "puerperal fever?" What duties does this condition devolve upon the nurse? 4. Under what conditions may a nurse justly refuse to attend an obstetrical case? 5. What care should the breasts of a mother receive prior to confinement and for the first two weeks after? 6. Name three abnormalities of the nipple. How may each be overcome, in order that the infant may be breast-fed? 7. If ice bags are ordered to be placed on the breasts, what is the proper method of procedure?

DIETETICS (Rating on 5 out of 7 questions)

1. Classify food under (a) source, (b) chemical composition, (c) function. 2. Describe the gradual effect of increased heat on white of an egg (albumin). 3. What is lactose and where found? 4. (a) Of what use is sugar in practical dietetics? (b) What is the substitution for sugar, and where found? 5. What are the chief sources of fat in a general diet? 6. (a) What are the food uses of water? (b) What is distilled water and why not used as a beverage? 7. Discuss diet in tuberculosis.

SURGICAL NURSING (Rating on 5 out of 7 questions)

1. Describe at least two different methods used in the care of extensive burns of the body, second and third degree. What are some of the serious complications of burns? 2. (a) What are the symptoms with fracture of the limb? (b) What may a nurse do for a compound fracture of both bones of the leg, until the doctor arrives? (c) What may the nurse do in the case of a fractured rib, until the doctor arrives? 3. Give symptoms and chief points in nursing care for post-operative shock. 4. Give a list of the materials you would provide in a private home in preparation for a major operation. 5. State chief points in the nursing care of a woman, age 73, having a fractured femur. 6. What are the purposes of putting a patient in Fowler's position? Describe the best method for same. 7. State precautions to be observed when a patient is to undergo complete anæsthesia. What are some of the dangers that may follow such?

URINALYSIS (Rating on 5 out of 6 questions)

1. How would you proceed to collect a twenty-four hour specimen of urine? 2. (a) What is the normal amount of urine voided in twenty-four hours? (b) What is the average capacity of the adult bladder? 3. (a) What is the normal specific gravity of urine? 4. What is meant by "residual" urine? 5. Give two tests for albumin in urine. 6. What are some of the important findings in the urine in an acute case of Bright's disease?

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES has added to its accredited schools St. Joseph's Hospital and St. Mary's of Nazareth, Chicago; and the Katherine Shaw Bethea, Dixon. The University, Chicago, has been taken off by request.

Chicago.—ST. LUKE'S ALUMNÆ ASSOCIATION held its annual meeting on January 16, with twenty-six members present. A bequest of \$2,500 received by the association has been set aside as the "Solomon Smith Emergency Relief Fund." It was decided to continue the publication of the *alumnæ* journal. The election of officers resulted as follows: president, Miss Fulmer; vice-presidents, Mrs. Gregory, Miss Eastman; secretary, Miss Mack; treasurer, Miss Johnstone; social committee, Mrs. Hopkins; finance committee, Miss Lawrie; nominating committee, Miss Lowden; visiting committee, Mrs. Gay; membership committee, Miss Cass; general nursing affairs, Miss Bartle. Miss McFerren has taken a position in the Lincoln Sanitarium, Lincoln, Nebraska. Elizabeth Lowrie has accepted a position in the Presbyterian Hospital, New Orleans.

CATHERINE MALONEY, graduate of Mercy Hospital, has accepted the position of superintendent of nurses in the MacKinnon Hospital, Sioux Falls, S. D. Isabelle McKay, class of 1909, has returned from Pasadena, California. Gertrude Soens, class of 1911, has accepted the position of superintendent of Dr. Newell's Sanitarium, Chattanooga, Tennessee. Josephine Dorsey, class of 1912, has accepted a position as surgical nurse in a hospital at Omaha, Nebraska.

EMMA E. MAGRANE, R.N., has resigned her position as superintendent of the Peoples' Hospital Training School and has returned to private duty.

THE WASHINGTON PARK HOSPITAL ALUMNÆ ASSOCIATION will give a spring party on April 12, the proceeds going to the Sick Nurses' Fund. Margaret McGrath, class of 1909, will spend the summer in the northern part of Ireland with her people. Ida Linsted, class of 1909, will visit her parents in Sweden.

EVE BORMHEIM, class of 1906, Wesley Hospital, is doing infant welfare work in the city. Jennie Gibbs, class of 1909, who has been in Canada, and Nellie Sullivan, class of 1908, who has been in Kansas, have returned to the city to do private nursing. Ethel Foy, R.N., class of 1909, who has recently recovered from an operation, is employed in Dr. Brown's laboratory at Decatur.

JEANNETTE KIPP, Hahnemann Hospital, is doing tuberculosis work in Joliet. Franc O. Spencer has been appointed superintendent of the City Hospital, Memphis, Tennessee. Pauline Oberweiser has returned to the city after spending sixteen months in the Ancon Hospital, Canal Zone. Ida M. Wobig has joined the Visiting Nurse Association. Rachel Miller is in Ukiah, California, and Minna Waldbauer in Pasadena.

INDIANA

THE INDIANA STATE NURSES' ASSOCIATION will hold its semi-annual meeting in Lafayette, April 23 and 24, 1912.

ARKANSAS

Fort Smith.—THE GRADUATE NURSES of the city met at Sparks Memorial Hospital, on February 28, and formed the Graduate Nurses' Association of Fort Smith, Ark., consisting of twenty-two charter members with the following officers: president, Mrs. (Sen.) Geo. Sengel; vice-presidents, Mrs. Mary Morrison, Ella Nicodemus; secretary-treasurer, Menia S. Tye.

NEBRASKA

EXAMINATIONS FOR STATE REGISTRATION are to be held May 18 and 19 in Lincoln, and May 20 and 21 in Omaha.

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES will hold its next meeting in Omaha the third Tuesday in April, with the following programme: 10.30 A.M., business session. 12.30, luncheon at Loyal Hotel. 2 to 4 P.M., business session. 4 to 5.30, superintendents' meeting. 8 to 10, reception. The superintendents of Omaha are planning to entertain visiting superintendents in their hospitals.

THE RED CROSS STATE COMMITTEE met in Omaha on February 24 and decided to dispose of the proceeds from the sale of Red Cross Christmas seals by giving \$300 to Omaha Dispensary; \$300 to local work in Lincoln, and \$242 to work in other parts of the state.

Lincoln.—AT A MASS MEETING OF NURSES, held March 1, it was decided to devote the money apportioned to that city from the sale of Christmas seals, for installing sanitary drinking fountains, for lectures, and for educational preventive work. Lincoln has so few cases of tuberculosis that it seemed better to use the fund for preventive rather than curative work. The first sanitary drinking fountain will be at the corner of Eleventh and O Streets; others are to be placed at the Burlington and Rock Island depots, and in Rudge and Guenzel's store, the latter in appreciation of their courtesy in allowing the nurses to sell Red Cross seals there. Olive Croshaw, class of 1909, Esther's Hospital, is taking a post-graduate course in the hospital. Her work has been at Schuyler.

Three of the smaller hospitals of Lincoln, Lincoln Hospital, Esther's Hospital, and Dr. Andrus's Hospital, have affiliated and the lecture work is given by the Cotner University. The lectures are considered very good. The course is two years.

KANSAS

THE GRADUATE NURSES OF KANSAS met in Wichita, February 8, and organized a state association. The following officers were elected: president, Mrs. Alma Revelle O'Keefe, Wichita; vice-president, Mayme Conklin, Topeka; secretary, Margueritte Butters, Hutchinson; treasurer, Charlein Zeller, Kansas City. A committee of five was appointed to draw up a bill for state registration to present at the next session of the legislature which convenes in Topeka, in January, 1913. Miss McIsaac, inter-state secretary, was present at the meeting, and aided in the organization. The convention closed with a banquet at the Eaton Hotel.

Hutchinson.—THE STEWART HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its quarterly meeting on February 23, at the home of Florence Tedrick. A number of papers were read, and a business session held, at which, in addition to forming plans for the annual meeting in May, the nurses had the pleasure of hearing, through the state secretary, Margueritte Butters, the complete report of the recent state meeting at Wichita. Papers were read by Emma Shields, who gave an account of some of the features of the state meeting; by Gertrude Thompson, who told of the New Graduate and by Elnora Battin, whose subject was "The Life of Florence Nightingale."

OKLAHOMA

THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES met in Oklahoma City, January 20, and registered twenty-one nurses. One hundred and twenty-two have been registered since the first meeting of the board, December 29, 1911. In order that all nurses may have an opportunity to register without examination, the board desires to call attention to the fact that after June 1, 1912, all nurses will be required to take the examination in order to become registered nurses. The first examination will be held in Oklahoma City, October 1, 1912.

The board has issued certificates to ten training schools, and there are several others that will no doubt bring their standard to a point where they can register. The greater number of nurses registered are graduates from other states, as the training schools of Oklahoma are still in their infancy. The board has made arrangements for a very neat R.N. pin that can be obtained by the registered nurses of the state by applying to Miss Esther Young, 106 East Fifth Street, Oklahoma City. The price of the pin is \$2.00, and postage.

NORTH DAKOTA

Grand Forks.—THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION at its March meeting, heard a report of the first year's work of the registry, presented by the registrar, Ludvika Slattebek. Two hundred and forty-one calls for nurses had been received, 103 of which were for out of town. Forty-one calls could not be supplied for lack of nurses. Nurses have been sent to thirty-

eight different cities in the state and to ten in Minnesota. The membership in the association now numbers thirty. The dues were raised from \$5 to \$10. Pledges for the Robb Memorial Fund were received, amounting to \$35. State association work is progressing, and the organization is to be launched in April. After the business meeting a paper on the American Red Cross was read by Bertha Erdmann, which was pronounced the most instructive and interesting one offered during the year.

University.—BERTHA ERDMANN, director of the course for nurses, will take a trip through the state between April 7 and 17, addressing high school seniors, college and normal school students, in the interest of the nurses' course. She will tell what the nursing profession offers to women of higher education. All district headquarters will be visited, different groups of nurses met, and final arrangements made for state organization.

COLORADO

THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its eighth annual meeting in Denver, February 8 and 9, at the Young Women's Christian Association building. The programme consisted of excellent papers on History of the Red Cross, Lettie G. Welch, R.N.; The Red Cross, Its Aim and Scope, Dr. J. W. Ames, a physician who has been active in the field work of the Red Cross; The Management of Cerebro-Spinal Meningitis, Dr. E. W. Lazell; Typhoid Prophylaxis, Dr. G. L. Lingelfelter. The delegate to the annual meetings of the Colorado Federation of Women's Clubs, and the State Anti-Tuberculosis Association, gave very interesting reports. The State Red Cross Nursing Service Committee has now been appointed by the National Committee and is ready to do its part, with Miss Welch as chairman. Nineteen members subscribed to the AMERICAN JOURNAL OF NURSING at this meeting. The new officers are: president, Mrs. C. A. Black; vice-president, Mary B. Eyre; secretary, Louise Perrin; treasurer, Mrs. M. O. Thurston. A reception was given to the members at the Nurses' Home of the Children's Hospital.

THE COLORADO TRAINING SCHOOL ALUMNÆ ASSOCIATION some time ago sent to each graduate of the school a small card on which was printed a verse making an appeal for money for furnishing the room for sick nurses, which had been given to the Association by the County Hospital. To the card was attached a tiny bag made of "the stripes," in which the contribution was placed. The room has been furnished with two brass beds and everything needed for the comfort of the occupant.

BIRTHS

ON February 7, a son to Mr. and Mrs. Frank L. Hugus. Mrs. Hugus was Bessie B. Ham, class of 1909, Roosevelt Hospital, New York City.

AT Pontiac, Ill., a daughter to Dr. and Mrs. Johnson. Mrs. Johnson was Caroline Shaw, class of 1908, Mercy Hospital, Chicago.

ON March 6, at Seward, Nebraska, a daughter, to Mr. and Mrs. Herman Bernecker. Mrs. Bernecker was Florence Jones, class of 1909, Esther's Hospital, and was head nurse of that institution for nearly a year.

On February 26, at Wymore, Nebraska, a son to Mr. and Mrs. LeRoy Lacey. Mrs. Lacey was Anna Reid, class of 1910, Green Gables Sanitarium (Lincoln, Nebraska?).

On February 21, to Dr. and Mrs. A. L. Muirhead, a daughter. Mrs. Muirhead was Daisy Richards, graduate of Fremont General. (Location of hospital not given.)

On January 2, at Dorval, Quebec, a daughter to Mr. and Mrs. Archie Hall. Mrs. Hall was Miss A. E. Hawley, class of 1905, Mt. Sinai Hospital, New York.

At Dubuque, Iowa, a daughter, to Dr. and Mrs. Charles Palen. Mrs. Palen was Bessie Spilman, class of 1905, Illinois Training School for Nurses, Chicago.

At Port Arthur, Canada, a son, to Mr. and Mrs. Elliott. Mrs. Elliott was Miss Fidler, class of 1904, St. Luke's Hospital, Chicago.

On February 5, at Hutchinson, Kansas, a daughter, to Mr. and Mrs. J. Bryan. Mrs. Bryan was Nellie Belfield, class of 1907, Stewart Hospital Association.

On February 28, in Hartford, Conn., a son, James Cornelius, to Dr. and Mrs. J. C. Wilson. Mrs. Wilson was Nellie B. Armstrong, class of 1908, Hartford Hospital Training School.

On February 28, at Easton, Md., a son to Mr. and Mrs. Joseph Wright. Mrs. Wright was Anne Elizabeth Chapman, class of 1906, University of Maryland Hospital.

On March 10, at Minot, North Dakota, a son, Fredrik Wilbert, to Mr. and Mrs. Steen. Mrs. Steen is a graduate of the Hahnemann Hospital, Chicago.

MARRIAGES

On December 11, at Brockville, Canada, Clara Pauline Steele, class of 1909, Long Island College Hospital, Brooklyn, to Isaac P. Laird. Mr. and Mrs. Laird will live in Brooklyn.

On January 27, at Hamilton, Ontario, Edna C. Cromwell, class of 1905, Sarnia General Hospital, to Frederick C. Fasken, of Simcoe, Ontario.

On December 12, in Chester, S. C., Josie Moffatt, class of 1911, Anderson County Hospital, Anderson, S. C., to R. M. Stevenson. Mr. and Mrs. Stevenson will live in Charlotte, N. C.

On January 23, in St. Mark's Church, Chicago, Orphea Birdsall, class of 1892, St. Luke's Hospital, to Robert B. Buchanan. Mr. and Mrs. Buchanan will live in Chicago.

On February 28, Elsie Rae Messberger, class of 1911, Mercy Hospital, Chicago, to James Lyons Sparling, M.D. Dr. and Mrs. Sparling will live in Maweaqua, Ill.

On January 26, at Hutchinson, Kansas, Jessie M. Newhouse, class of 1908, Stewart Hospital Association, to Fred. Winchester, M.D. Dr. and Mrs. Winchester will live in Sterling, Kansas.

On March 14, at West Philadelphia, Pa., Eleanor M. Robinson, class of 1895, Pennsylvania Hospital, to Pierson E. Detweiler. Mr. and Mrs. Detweiler will live in Plumsteadville, Pa.

On January 18, Carlotta Scheafer, class of 1905, University of Maryland Hospital, to Thomas F. Murphy.

DEATHS

On February 2, at her home in Harcourt, N. B., Flora Powell, class of 1895, Salem Hospital Training School, Salem, Mass. Always faithful to duty, she gave her whole strength and energy to her profession, and it can be truly said of her that she daily lived the Golden Rule.

On January 31, in Boston, Mass., after months of patient suffering, Mrs. Charles Young, formerly of Knoxville, Tenn. Mrs. Young was Helen Louise Godding, a graduate of the Massachusetts General Hospital. Two daughters who are graduate nurses, are well and favorably known in Knoxville. Mrs. Young was a member of the East Tennessee Graduate Nurses' Association, and its members feel sorrow in her loss.

On January 27, at the Brooklyn Hospital, Brooklyn, N. Y., Anabella Woglam, R.N., class of 1899, after many months of suffering, borne with the utmost fortitude and cheerfulness.

THE death of Mary Olive Purves was recorded in the March JOURNAL, but since then further information of her work has reached us. She enlisted in the Army Nurse Corps at the beginning of the Spanish-American War, and after service in San Francisco, the Philippines, China during the Boxer outbreak, and the Philippines again, retired and went to Mexico, where she was the first American nurse. She was for some time head nurse of the American Hospital, and later did private nursing in Mexico City, where she had won many friends. She was taken ill with pneumonia in Mexico, and was removed to Orizaba after two weeks in the hope that a higher altitude would help her. Her old home was in Ashland, Oregon.

On March 13, at Hahnemann Hospital, Rochester, N. Y., of typhoid fever, Martha Vyverberg who contracted the fever while caring for a sister nurse.

NOTICE has just been received of the death of Miss Lucy Ashby Sharp, at New Rochelle, New York, after a short illness.

Miss Sharp was a native of Virginia and a graduate of the Johns Hopkins Training School for nurses.

Soon after the declaration of war with Spain she offered her services as a nurse to the country she loved, and waited impatiently for assignment to duty.

On June 1, 1898, the call came and she was appointed Chief Nurse of the Hospital Ship "Relief" in command of the present Surgeon General, George H. Torney.

She entered into her new work with unbounded enthusiasm, but in a short time was obliged to return north on account of an acute illness.

After the reorganization of the Red Cross, Miss Sharp was among the first nurses to enroll, and when rumors of trouble along the Mexican border were rife, she again expressed her willingness to serve her country, whenever and wherever needed. Hers was the spirit which has animated the women of America through all the past years and upon which we may safely rely in time of future need.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON, R.N.

ELEMENTS OF HYDROTHERAPY. For Nurses. George Knapp Abbott, M.D. Dean of the Faculty and Professor of Hydrotherapy and Practise of Medicine in the College of Medical Evangelists, Loma Linda, Cal. Review and Herald, Publishing Association, Washington, D. C. Price, \$1.50.

One wonders if the saying "Cleanliness is next to Godliness" has anything to do with such a book as this, coming out of a college of medical evangelists. Certainly the subject is most thoroughly covered and one has little to learn of the technique of hydrotherapy if one is careful, in practise, to follow such directions as the book contains.

The procedures of hydrotherapy are set forth in the second half of the book under the following heads: Local applications of Heat; Local applications of Cold; Heating Compresses; Poultices; Tonic Frictions; Sponging; Rubs and Frictions; Baths; Shampoos, Packs; Sprays and Douches; Enemata; Vaginal Douches. This part of the book is excellent and may be said to contain the last word as to what may be done with water. What to use and how to use it are carefully set down and the most inexperienced novice could not fail to comprehend the instructions.

It is the first half of the book that the reviewer fails to appreciate; it is in two parts: "Physiological Effects," and "Therapeutics." The matter is oversimplified and inadequate. Questions at the end of each subject are supposed to be answered from the book—but it is hardly possible for the student to give an intelligent answer unless he has access to other information than the book contains. The importance of hydrotherapy over general therapeutics claimed by the writer seems to suggest quackery in quite a painful way, and whether he means to convey the impression or not, he seems to claim that the hydro comes as an evangel to the school of therapeutics regardless of the fact that it is from the therapist that the hydro has got its teaching.

A critical hostility to established schools of medicines is not calculated to ensure a welcome for the book outside its own cult, even though it does contain excellent teaching of the technique of hydrotherapy.

A SEARCH FOR THE APEX OF AMERICA. By Annie S. Peck. Dodd, Mead & Company, New York.

Besides being a veracious account of scientific attainment this book is tremendously interesting—as a record of the persistent and undaunted courage of a woman who without influence or friends climbed the two great heights of Mt. Sorata and Mt. Huascarán. What struggles to collect funds by no means adequate to the undertaking and such as a man would have refused to start with,—what disappointments in the men who accompanied her, and who though willing to take her money, failed her at the most critical moments, what terrors of cold and short rations! The writer and heroine, Miss Peck, makes light of what seems to the reader veritable horrors, and she remarks with all appearance of gravity that “The perils of city life, especially in New York, I have long deemed greater than those of mountain climbing,” and it is plainly writ that, after the years of effort had passed, the most disagreeable memory was of the effort to raise funds. She says pathetically that the people who were sympathetic were mostly impecunious, and those who had plenty of money were indignant that a mere woman should feel herself competent to such an undertaking. She was credited with being insane by the more charitable, and it was only by the most exhausting effort that she collected money to make her two expeditions. Incidentally the book contains much interesting matter regarding South America. In this connection she remarks, “I have been inspired to hope that by drawing attention to the magnificent scenery of the Andes and to other matters observed in my travels, I might augment the awakening interest in our sister republics beyond the equator, thus helping to promote travel, commerce and trade between the two sections, and the construction of the Pan-American Railway. To aid, in a small degree, the cause of peace, by increasing our knowledge of countries with which we have too little acquaintance, a bond of sympathy and union, taking the place of crass conceit and narrow prejudice, has seemed to me, even more worth while, than the slight contribution I hoped to make to the world’s scientific knowledge.”

TOO LATE FOR CLASSIFICATION.

THE Colorado Board of Nurse Examiners will meet to examine applicants for registration at the State Capitol, Denver, on April 24 and 25. For information, address Mary B. Eyre, secretary, 1942 Pennsylvania Street, Denver, Colo.

EDITOR'S MISCELLANY



The NEW YORK MEDICAL RECORD of February 17th, in commenting on the death of Sir Joseph Lister, which occurred at his home in London, at the age of eighty-four years, says:

"It was while he was professor at the University of Glasgow that Lister devised his system of anti-septic surgery, to which he was led by a study of Pasteur's work on fermentation and putrefaction. He applied to animal tissues the principles enunciated by Pasteur in the case of plant derivatives; he showed that inflammation and suppuration were of the same nature as fermentation and putrefaction, and reasoned that, as fermentation could be avoided by preventing the access of germs so might inflammation and suppuration be avoided by the same means. The various steps by which this object was obtained and the gradual evolution of the present day asepsis from the original antiseptic surgery with its carbolic spray have been followed by many surgeons not yet old, and are known to all, yet it requires an effort, even for those who have lived the history of the development of aseptic surgery, to picture the difference between the modern surgical ward and that of less than forty years ago. Who knows to-day of hospital gangrene? Who sees the strong man brought to death's door by the drain of prolonged suppuration from an operation wound, which heals now with barely a drop of moisture on the dressings? Who remembers the time when to open a knee-joint was to commit murder, or to cut into the abdominal cavity required more courage than most surgeons, even the most intrepid, could boast of? Yet such things were within the lifetime of many now living, and they have been relegated to the limbo of the spinning wheel, the stage coach, and the flintlock pistol by the genius of Joseph Lister.

"Many years ago, on the occasion of a celebration at which Lister was honored by a great assembly, the American Ambassador, Mr. Bayard, said: 'My Lord, it is not a profession, not a nation, it is humanity itself which, with uncovered head, salutes you.' So now, it is not medicine, not Great Britain, but the world which mourns not his death, for he himself welcomed it, but gives thanks for his life and for the immense boon he conferred on mankind."

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